

FILED MAR 25 1948

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 14

1. PLACE OF DEATH:

(a) County... Lincoln
(b) City or town... Rural Bedford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 7 months
(Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME

GENE M BARNES

3. (b) If veteran,

name war... none

3. (c) Social Security No.

none

4. Sex... M 5. Color or race... W
6. (a) Single, widowed, married, divorced... married
6. (b) Name of husband or wife... Myrtle Barnes
6. (c) Age of husband or wife if alive... 51 years
7. Birth date of deceased... June 3 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 18 hr. min.

9. Birthplace... Iray Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... Barber

11. Industry or business

12. Name... Myrtle Barnes

13. Birthplace... Iray Missouri
(City, town, or county) (State or foreign country)

14. Maiden name... Unknown

15. Birthplace... Iray Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Myrtle Barnes

(b) Address... Iray Mo.

17. (a) Burial (b) Date thereof... 2-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Foley Mo.

18. (a) Signature of funeral director... Wayne M. Coy

(b) Address... Iray Mo.

19. (a) 3-17-1948 (b) Edmund B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Lincoln
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No...
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year... 1948 hour... 7 minute... 0 P.M.

21. I hereby certify that I attended the deceased from...
12/27, 1947 to 2/21, 1948
that I last saw him alive on 2/16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary thrombosis Duration... 30 min.

Due to... Coronary sclerosis

Due to...

Other conditions...
(Include pregnancy within 3 months of death)

Major findings:
Of operations...

Of autopsy... 44X

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury...

23. Signature... J. B. Hoeger (M. D. or other) M.D.

Address... Whiteside Mo. Date signed... 2/21-1948

RECEIVED
District Health Officer No. 9,
District File Number
MAR 24 1948
Date Filed

MAR 28 1961

APR 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3586*

P. O. Address *Troy Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.