

FILED JUL 9 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21851

Registration District No. 322

Primary Registration District No. 4479

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Queen City
(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 78 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Washington Barnes

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Liddy T. Barnes 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 7 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Queen City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Edward Barnes
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Johnson
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Relatives
(b) Address Queen City, Mo.
17. (a) Burial (b) Date thereof 6/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lancaster Mo.

18. (a) Signature of funeral director Wm N West
(b) Address Queen City, Mo.
19. (a) June 28/48 (b) Wm N West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98
(c) City or town Queen City
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from June 2
1948 to June 20, 1948
that I last saw him alive on June 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Senile Degeneration
Hypertable Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 5 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (r) Means of injury ✓

23. Signature Wm N West (M. D. or other) ✓
Address Queen City, Mo. Date signed 6-21

RECEIVED

District Health Officer

District File Number 7-48

Date Filed JUL 7 - 1948

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 self

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Wm. H. West

Licensed Embalmer No. 2882

P. O. Address Queencity

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

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