

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

Registration District No. 207

Primary Registration District No. 5759

State File No. 33542

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Marie
(b) City or town Vichy - RURAL
(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 _____ (Specify whether

In this community Life _____ (Specify whether
years, months or days)3. (a) PRINT FULL NAME Laura Isabelle Barnes3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____4. Sex Fem / 5. Color or race WH 6. (a) Single, widowed, married, divorced M.6. (b) Name of husband or wife Joseph Barnes 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased JUNE 11 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
72 3 26 hr. min.9. Birthplace Marie Co., MO
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry Business12. Name Charles Riley13. Birthplace Tenn
(City, town, or county) (State or foreign country)14. Maiden name Susie Cain15. Birthplace Tenn
(City, town, or county) (State or foreign country)16. (a) Informant Leonard Barnes(b) Address Vichy MO17. (a) BURIAL (b) Date thereof 10-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WONTZEL Cem.18. (a) Signature of funeral director NUIT & SON F.H.(b) Address Rolla MO19. (a) 10-20-48 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marie
(c) City or town Vichy
(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 Oct day 7
year 1948 hour 5 minute - A.M.21. I hereby certify that I attended the deceased from Oct 5
1948, to Oct 7, 1948.that I last saw her alive on Oct 5, 1948.
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis Duration 2 yrsDue to (We only seen this pt. once and she was in advancedDue to T.B.)Other conditions 13 B
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature E.E. Faint (M. D. or other) _____Address Rolla MO Date signed 10-11-48

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..... *Paul E. Zull*
Licensed Embalmer No..... *4498*
P. O. Address..... *Rolla, 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.