

FILED OCT 26 1948

Registration District No. 231

Primary Registration District No. 4340

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town Rural Montgomery City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 20 yrs (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME John P. Barnes3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M D 5. Color or
race W 6. (a) Single, widowed, married,
divorced W 26. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 10 th 1851
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
97 6 24 _____ hr. _____ min.9. Birthplace Indiana _____
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name E. R. Barnes13. Birthplace Pa. _____
(City, town, or county) (State or foreign country)14. Maiden name Margrette Mayo15. Birthplace South Carolina _____
(City, town, or county) (State or foreign country)16. (a) Informant George Barnes(b) Address Montgomery City Mo17. (a) Burial (b) Date thereof 10-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation High Point Church Y.18. (a) Signature of funeral director C. W. Hopkins(b) Address Montgomery City Mo19. (a) 10-6-48 (b) Dwain J. Sporer
(Date received local registrar) (Embalmers' signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
Rural
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 miles west Montgomery City
 (If rural, give location) _____ Mo.
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 th
year 1948 hour _____ minute 50 AM.21. I hereby certify that I attended the deceased from alex.
7 1940 to Oct. 4 1948
that I last saw him alive on Oct. 2, 1948 1948
and that death occurred on the date and hour stated above.Immediate cause of death General
Arteriosclerosis - Duration
8 yrsDue to Chronic myocarditis eyesDue to Secondary anemia 6 mosOther conditions SenilityMajor 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) (e) Means of injury U23. Signature E. T. Andersen, M.D. (M. D. or other) M.D.
Address Montgomery City, Mo. Date signed 10/5/48

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 on the
4 day of Oct-1948, Registered Apprentice No. _____
working under my personal supervision.

Signed W. Hopkins
Licensed Embalmer No. 1487
P. O. Address Montgomery City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1409

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery, Mo.
(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 20 yrs (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME John P. Barner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased March 10 1928
(Month) (Day) (Year)

8. AGE: Years 97 Months _____ Days _____ (Unless than one day)

hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name E. R. Barner Pa

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

14. Maiden name Margaretta Mayo

15. Birthplace I. C. (City, town, or county) (State or foreign country)

16. (a) Informant George Barner

(b) Address Montgomery city, Mo

17. (a) (Burial, cremation, removal) _____ (b) Date thereof 10-6-48
(Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director E. W. Haplan

(b) Address Montgomery

19. (a) 10-6-48 (b) Durban Spores
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Montgomery

(c) City or town Revere
(If outside city or town limits, write "RURAL")

(d) Street No. 531 W. Montgomery city
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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 E. J. Anderson M.D. or other _____

Address Montgomery, Mo Date signed _____

By Bernice Wyatt

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. 33580