

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

33580

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: 20 yrs (Specify whether  
In this community 20 yrs years, months or days)

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

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 W 2

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. 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. Barnes  
13. Birthplace Pa. (City, town, or county) (State or foreign country)

14. Maiden name Margrette Mayo  
15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant George Barnes  
(b) Address Montgomery City Mo

17. (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 Mo

19. (a) 10-6-48 (b) Dwain J. Sporer  
(Date received local registrar) (Physician's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 20  
Rural  
(c) City or town 5 miles west Montgomery City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mo. (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 4 th  
year 1948 hour 11 minute 50 am.

21. I hereby certify that I attended the deceased from Dec. 7 1940 to Oct. 4 1948  
that I last saw him alive on Oct. 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis Duration 8 yrs

Due to Chronic myocarditis 8 yrs

Due to Secondary anemia 6 mos

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

Major findings:  
Of operations 1/15/48  
Of autopsy 1/15/48  
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. T. Andersen, M.D. (M. D. or other) M. D.  
Address Montgomery City, Mo. Date signed 10/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

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 an The  
4 day of Oct-1948, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. Hopkins  
Licensed Embalmer No. 1487  
P. O. Address Waukegan, Ill.

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

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 years, months or days) (Specify whether

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 wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

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

8. AGE: Years 97 Months 6 Days 10 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

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

14. Maiden name Margaretta Mayo

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

16. (a) Informant Large Barner

(b) Address Montgomery City, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 10-6-48  
(Burial, cremation, removal) (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) Durbin Spores  
(Date received local registrar) (Registrar's signature)

By Bernice Wyatt

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. 5 mi 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 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)  
(e) Means of injury \_\_\_\_\_

23. Signature E. J. Lander and or other \_\_\_\_\_

Address Montgomery City, Mo. Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-33580