

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18901

Do not use this space.

REC'D JUN 19 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002 Registered No. _____
 or _____
 (c) City Joplin (d) Street No. St. John's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 12 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lola Louise Barnes

(a) Residence, No. 123 Penn Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 1 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Missouri

13. NAME Russell D. Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baxter Springs, Mo.

15. MAIDEN NAME Rosa Savute

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baxter Springs, Kansas

17. INFORMANT (ADDRESS) Russell Barnes
Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ogark Memorial DATE May 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon
Joplin Mo.

20. FILED 5-18-39 Ed W. Jarman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1939, to May 17, 1939

I last saw her alive on May 17, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Respiratory Collapse Date of onset 5-17-39
154

Other contributory causes of importance;
Prematurity 6 3/4 months

Name of operation wt. 2# Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] M. D.

(Address) Joplin, Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1002.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1247

Date Filed JUN 9 1939

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.....

P. O. Address.....

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, above space should be left blank.