Dr. W. Whitaker

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22709

Registration District No. 567 — Primary Registration District No. 4334 — Registrar's No. 44

1. PLACE OF DEATH

(a) County: Mississippi

(b) City or town: East Prairie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: East Prairie (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 50 yrs.

2. USUAL RESIDENCE OF DEACESED:

(a) State ____ (b) County ____

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

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: THOMAS LAWERENCE 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: Wid

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Feb. 5 (Month) (Day) 1855 (Year)

8. AGE: Years 84 | Months 4 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace: Trigg Co. Kentucky. (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Joseph Barnes

FATHER 12. Name: Unknown

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

MOTHER 14. Maiden name: Caroline Baker

MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Florence Barnes

(b) Address: East Prairie

17. (a) Hickman, Ky. (Burial, cremation, or removal) (b) Date thereof: June 26, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director: Frank N. Shelby

(b) Address: East Prairie, Mo

19. (a) July 7-39 (Date received local registrar) (b) Mrs D. Mae Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1939 hour 2.40PM minute ____ M.

21. I hereby certify that I attended the deceased from June 24, 1939, to June 24, 1939, that I last saw him alive on June 24, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteries sclerosis

Due to ____

Due to ____

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

Major findings: Of operations ____ Of autopsy ____

Duration

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: Geo. W. Whitaker (M. D. or other)

Address: East Prairie Mo Date signed 7/6/39

N. 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 739-1
Date Filed 7-11

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 Travis N. Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, M

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

If this body is not embalmed, above space should be left blank.