

SEP 21 1939

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

30077
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 761
(b) Township Appleton Primary Registration District No. 4456
(c) City Appleton (d) Street No. Eliott 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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 16

2. PRINT FULL NAME

(a) Residence, No. 657 Oliver Barnes Jr 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) + + +

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. r
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) Appleton City (STATE OR COUNTRY) MO

FATHER 13. NAME Oliver Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Ruth Eckhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Oliver Barnes
Appleton MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City DATE Aug 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Lee
Appleton City MO

20. FILED Aug 19 1939 Chas. Abrey Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1939 to Aug 17 1939
I last saw him alive on Aug 17 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? no
If so, specify _____ (Signed) Chas. Abrey M. D.
936 (Address) Appleton City MO

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

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1242

Date Filed 9-2-39

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.....

Body was not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton Wis

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.