

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1.1277

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community About 15 Years
years, months or days

3. (a) PRINT FULL NAME Ben. H. Barnes
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Grace Dunbar Barnes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 23, 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Packer at Powder Plant

11. Industry or business _____

MOTHER FATHER { 12. Name John Barnes
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emily Knuckles
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Grace Barnes
(b) Address Route # 1, Goodman, Mo.

17. (a) Burial (b) Date thereof 3/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoux Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) Mar. 15, 1940 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. Route #4, Carthage, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13th,
year 1940 hour 5: minute 17 P.M.

21. I hereby certify that I attended the deceased from Mar 9th
_____ 1940 to Mar 13 1940
that I last saw him alive on Mar 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
General Peritonitis from perforated gastric ulcer
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Perforated gastric ulcer
Of operations: General Peritonitis
Of autopsy _____
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 R. D. Harris M.D. (M. D. or other) _____
Address by H. E. Byrd M.D. Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 440-1174

Date Filed APR 15 1940

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 Edwin

Licensed Embalmer No. 2222

P. O. Address Cartage

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.