

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

1 X 2511

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25413

State File No.

Registrar's No. 153

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1101 W. Chestnut St., Carthage ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 30 Years
 years, months or days

3. (a) PRINT FULL NAME Alexander Barnes 652

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olive M. Barnes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22, 1880
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>9</u>	hr. min.

9. Birthplace Arcadia, Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Grocerman

11. Industry or business _____

MOTHER FATHER { 12. Name John T. Barnes

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

14. Maiden name Nancy E. Alred

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

16. (a) Informant's own signature Olive Barnes

(b) Address 1101 W. Chestnut, Carthage, Mo.

17. (a) Reburial (b) Date thereof Aug. 4, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park, Pittsburg, Kans.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug. 3, 1940 (b) E. J. McEntire, D.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1101 W. Chestnut St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st,
 year 1940 hour 1: minute 40 P.M.

21. I hereby certify that I attended the deceased from April
1940 to July 31, 1940
 that I last saw him alive on July 31, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Amyotrophic lateral sclerosis - 16 Mo

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 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? _____

23. Signature Russell Smith M.D.
 Address Carthage, Mo. Date signed 8-3-40
 (Specify type of place) (a) Means of injury

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.