

No. 2
3-12-40
-17-39
X23159

NOV 15 1940 STANDARD CERTIFICATE OF DEATH

34782

State File No.

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 239

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
211 Madison Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no 2
(Specify whether)

In this community two years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 211 Madison Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME FLYIN BARNES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male race White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Mae Barnes

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 5 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>04</u>	<u>24</u>	hr. min.

9. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John W. Barnes

13. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Olivia Jane Starnes

15. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Edwin Barnes

(b) Address Columbia, Mo

17. (a) Funeral (b) Date thereof 10-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia cemetery

18. (a) Signature of funeral director W. D. Dyart

(b) Address Columbia, Mo

19. (a) 11/1/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1940 hour 11:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-21- 1940, to 10-29- 1940, that I last saw him alive on 11-28- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 9 days

Due to gain

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

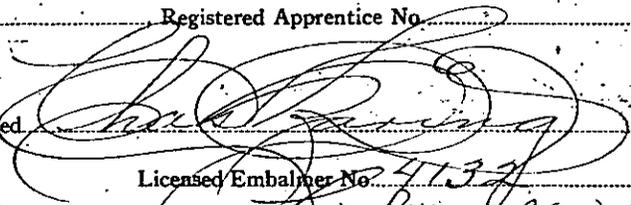
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. D. Dyart (M. D. or other) !

Address Columbia Mo Date signed 10-31-40

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 _____
working under my personal supervision.

Signed  _____
Registered Apprentice No. _____
Licensed Embalmer No. 24137
P. O. Address Columbia, S.C.

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, fact should be so stated above.