

Registration District No. 836 Primary Registration District No. 60984 Registrar's No. 58

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years
years, months or days _____

3. (a) PRINT FULL NAME William Stewart Barney

3. (b) If veteran, name war _____ 3. (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 Elsie 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 28 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin F. Barney

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

14. Maiden name Martha Fultz
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Elsie Barney

(b) Address Dexter, Mo. R. 4

17. (a) Burial (b) Date thereof 10/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cem. Blankenship-Strickland

18. (a) Signature of funeral director _____

(b) Address Dexter, Mo.

19. (a) 11-12-1940 (b) Laura Hopkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th
year 1940 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 21 19 40 to Oct 28 19 40

that I last saw him alive on Oct 26 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia Duration 6 days

Due to Nephritis Chronic Aut 27/40

Due to High Blood Pressure 440

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____

Of autopsy _____

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? _____

893 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature T. E. Groce (M. D. or other) _____

Address Bernie's Mo Date signed _____

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

RECEIVED

District Health Officer No. 2,

District File Number 1240-17

Date Filed 12/6/40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3479

P. O. Address Septis Mo

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.