

MAR 20 1941 89

Registration District No. _____

Primary Registration District No. **2007**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
446 Lester st. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William B.A. Barnes

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

7. Birth date of deceased July 1 - 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Manfield Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Wholesale Grocer

11. Industry or business Grocery

12. Name William Ashley Barnes

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

14. Maiden name Francis Dodd

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

16. (a) Informant L.E. Whittow

(b) Address Poplar Bluff Mo

17. (a) removal (b) Date thereof 3/18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo.

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 3/17/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 446 Lester st
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1941 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 3rd, 1941, to March 16th, 1941; that I last saw him alive on March 16th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation
Cardiac Decompensation
Due to Lobes pneumonia
Chronic Myocarditis
Due to Acute Bronchitis
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration	PHYSICIAN
<u>3/16/41</u>	_____
<u>3/15/41</u>	_____
<u>3/13/41</u>	_____
<u>3 yrs.</u>	_____
<u>3/3/41</u>	_____

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? 89

23. Signature L. Qualls (Specify type of place) _____ (e) Means of injury _____
Address Poplar Bluff, Mo Date signed 3/17/41

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

MOTHER, FATHER

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.