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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 297

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 6538

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington Twp
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: River Rest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)
In this community: 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Washington (If outside city or town limits, write "RURAL")
(d) Street No.: River Rest (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: EMELIA BARNES
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: G. D. Barnes
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: September (Month) 18 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
81	4	8	hr. min.

9. Birthplace: Hermann (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own Home
MOTHER FATHER
12. Name: Frederick Kreeh
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. J. L. Calvin
(b) Address: Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Niebur & Witt, Inc.
(b) Address: Washington, Missouri
19. (a) Jan - 27 - 1942 (Date received local registrar) (b) N. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1942 hour 9 minute 10 P. M.
21. I hereby certify that I attended the deceased from Feb. 3, 1941, to Jan. 26, 1941; that I last saw her alive on Jan. 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hepatic Carcinoma	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 46	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: N. A. May (M. D. or other) 1/27/42
Address: Date signed

270 (Licensed Embalmer's Statement on Reverse Side)

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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 Me Lester H. Witt, ~~Registered Apprentice~~ No. ..... working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.