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M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1942

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 279

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence San.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
In this community 9 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural - Fairmount
(If outside city or town limits, write "RURAL")

(d) Street No. 520 Cranston
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME GLORIA GAY BARNES

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1942 hour 6:50 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1942
to Oct 25, 1942
that I last saw her alive on Oct 25, 1942
and that death occurred on the date and hour stated above.

4. Female 5. Color of race White 6. (a) Single, widowed, married, divorced. —

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

7. Birth date of deceased: Jan 7, 1933
(Month) (Day) (Year)

Immediate cause of death: Acute hemorrhagic nephritis - 4 months
Uremia 2 weeks

Duration

8. AGE: 9 Years 9 Months 18 Days If less than one day
hr. min.

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 130

Of autopsy

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

10. Usual occupation at school

11. Industry or business

12. Name Orville J. Barnes

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

14. Maiden name Genevieve + Hacker

15. Birthplace Jac. Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Orville J. Barnes

(b) Address 520 Cranston, J.C. Mo.

17. (a) Rural (b) Date thereof 10/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem

18. (a) Signature of funeral director Loge C. Cayson

(b) Address Independence Mo.

19. (a) 10-27-42 (b) Jamieson
(Date received local registrar) (Registrar's signature)

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? (a) Means of injury 2

23. Signature Edw. Hub. ... (M. D. or other)

Address Fairmount, Mo. Date signed 10/26/42

1163 (Licensed Embalmer's Statement on Reverse Side)

Permit # 327

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. 2467

P. O. Address Indep. 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, fact should be so stated above.