

7. S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 1-1 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31953

State File No. \_\_\_\_\_

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 162

97  
2

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 779 S. Olive 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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 779 South Olive  
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRY LEE BARNES

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or Race W. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Worn Harri Barnes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 29 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER {

12. Name Matt G. Barnes

13. Birthplace Amur Pool Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Fugena Ballard

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

16. (a) Informant Charter R. Barnes

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Oct 28 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Campbell Harris

(b) Address Marshall Mo.

19. (a) Oct. 27-42 (b) Mo T. O. Washburn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Oct 26 1942  
that I last saw him alive on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Mo. Date signed 10/27/42

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Filed 11-10-42

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 B. W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.