

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20789**

JUL 12 1943 33  
Registration District No. \_\_\_\_\_

Primary Registration District No. **4044**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **BOONE**

(b) City or town **STURGEON**  
(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 **ALL OF LIFE** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE**

(c) City or town **STURGEON**  
(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? **0** years

3. (a) PRINT FULL NAME **LUCKY FANE BARNES**

3. (b) If veteran, name war **L**

3. (c) Social Security No. **L**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13-43** year **1943** hour **11-37** minute **300** M.

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MATTHEW BARNES**

6. (c) Age of husband or wife if alive years **18**

7. Birth date of deceased **JAN. 18 1863**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 37** to **June 13** 19**43**  
that I last saw her alive on **June 13** 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **4** Days **26** If less than one day hr. min.

Immediate cause of death **Stenoplegia** Duration **3 days**

Due to **Arterio Sclerosis** **6 yrs**

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

10. Usual occupation **HWF**

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

Other conditions (Include pregnancy within 3 months of death) **830**

11. Industry or business \_\_\_\_\_

12. Name **WILLIAM W. SIMS**

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

14. Maiden name **LUCRETIA SIMS**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant's own signature **Mrs Owen Boone**

(b) Address **Sturgeon, Mo.**

17. (a) **Burial** (b) Date thereof **June 15-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Barnes & Bothers**

18. (a) Signature of funeral director **Sturgeon, Mo.**

(b) Address \_\_\_\_\_

19. (a) **June 15-43** (b) **Mary Montgomery**  
(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? \_\_\_\_\_

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

23. Signature **A. P. McQuinn** (M. D. or other) **Sturgeon, Mo.** Date signed \_\_\_\_\_

1251

(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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *D. E. Boothe*.....

Licensed Embalmer No. *4087*.....

P. O. Address..... *Sturgeon, 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.**