

V. S. No. 2
M-11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21531**

FILED JUN 18 1943

Registration District No. **250**

Primary Registration District No. **42-245572**

Registrar's No. **67**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Greenwood Mo.

(c) Name of hospital or institution: Home Greenwood Hosp. Greenwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether years, months or days)

8. (a) PRINT FULL NAME William Harvey Barnes

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Pauline Justice Barnes

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 14 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Daniel Barnes

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

14. Maiden name Sarah Agnes Russell

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

16. (a) Informant Pauline Barnes

(b) Address Freeman Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof May 29 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director W. E. Myers

(b) Address Cleveland Mo.

19. (a) May 29 1943 (Date received local registrar)

(b) J. H. Schick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. Rural Greenwood, Cass Co.
(If rural, give location)

(e) If foreign born, how long in U. S. A? no years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26
year 1943 hour 3:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from MARCH 26th, 1942, to May 26, 1943; that I last saw him alive on Wed. May 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure with Arteriosclerosis

Due to Renal arteriosclerosis essential Hypertension with a possible carcinoma of colon

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

Major findings: Of operations _____

Of autopsy _____

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 Paul H. Green (M. D. or other) P.O.

Address Harrisonville Mo. Date signed 5/27/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.