

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 22 1943 109

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Hebron Mo. #62 (Rural)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 031
(c) City or town Campbell "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Wagon Trail
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fredia J. Barnes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 26 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 9 24 hr. min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Eugene Barnes

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

14. Maiden name Louise M. Brown

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

16. (a) Informant Eugene Barnes

(b) Address Campbell Rural

17. (a) Burial (b) Date thereof Aug 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) - Place: burial or cremation St. Gabriel

18. (a) Signature of funeral director Landen J. Home

(b) Address Campbell Mo

19. (a) 8-26-43 (b) Mrs. L. P. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from _____
Unattended by a physician
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck and internal injuries
Due to Struck by a car driven by Mrs. Ellis Webb

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) Accident 0.35

(b) Date of occurrence Aug 20 - 1943

(c) Where did injury occur? Campbell Dunklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway No 62

While at work? _____ Means of injury _____

23. Signature George J. Gilmour D.O. (M., D., or other)

Address Corning Dunklin Co. Mo Date signed 8-20-43

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

235
205

RECEIVED

District Health Office No. 2,

District File Number 9-13-198

Date Filed 9-15-43

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.