

Registration District No. 200

Primary Registration District No. 6029

Registrar's No.

1. PLACE OF DEATH

(a) County Reynolds
(b) City or town Rural
(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 Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Logan Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Cordie BARNES

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 18 1891 (Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housekeeper

12. Name Thomas Schluiborn

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

14. Maiden name Sarah Cook

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

16. (a) Informant Helen Barnes

(b) Address Redford Mo

17. (a) Burial, cremation, or removal (b) Date thereof 11-25-43 (Month) (Day) (Year)

(c) Place: burial or cremation Redford Cemetery

18. (a) Signature of funeral director (b) Address

19. (a) 12-4-43 (b) Essie Evans. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 1943 hour 3 minute 33 P. M.

21. I hereby certify that I attended the deceased from 1942 to 11 22 1943 that I last saw her alive on 22 Nov. 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestinal Canal Duration 11 mo.

Due to Same

Due to

Other conditions (Include pregnancy within 3 months of death)

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 J. D. Patten (M. D. or other) Address Date signed 11/24/43

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

70
3
1

1136

RECEIVED

District Health Officer No. 5,

District File Number 1243710

Date Filed 12-10-43

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 11-23-43

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

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.