

FILED DEC 9 1943
Registration District No. _____

Primary Registration District No. 3060

Registrar's No. 346

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington mo
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison 63
(c) City or town Frueretown mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Washington Barnes Jr.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

(b) Name of husband or wife Brook Elizabeth Barnes 6. (c) Age of husband or wife if alive divorced years

7. Birth date of deceased Nov 24 1885 (Month) (Day) (Year)

8. AGE: Years 86. Months 11 Days 11 If less than one day _____ min.

9. Birthplace Mine LaMotte mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Peter A. Barnes

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

14. Maiden name Fredonia Meepers

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

16. (a) Informant Arthur Barnes

(b) Address Madison, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-43 (Month) (Day) (Year)

(c) Place: burial or cremation odd fellow ceme

18. (a) Signature of funeral director Fredonia Barnes

(b) Address Madison mo

19. (a) Nov. 10, 1943 (Date received local registrar) (b) Lydia Burkmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 43 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 10 1943 to Nov 5 1943 that I last saw him alive on Nov 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Debility
General Arterio Sclerosis
Due to Chronic myocarditis
Due to _____

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) _____ Means of injury _____

23. Signature R. A. [unclear] (M. D. or other) _____
Address Farmington Date signed Nov 10 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1196

RECEIVED

District Health Officer No. 4
District File Number 1243-300
Date Filed 12-8-43

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

John H. Helt

Licensed Embalmer No. 4264
P. O. Address. Fredericktown, 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.