

X26390

State File No. \_\_\_\_\_

FILED FEB 3 1944

Registration District No. 209

Primary Registration District No. 5224

Registrar's No. 58311

1. PLACE OF DEATH:

(a) County Crawford Co. Mo.  
(b) City or town Bourbon Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Bourbon Hosp  
(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 Crawford Co. Mo.  
(c) City or town Bourbon Rural  
(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 0

3. (a) PRINT FULL NAME Geo. H. Barnes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Mary Barnes 6. (c) Age of husband or wife if alive Dead years \_\_\_\_\_  
7. Birth date of deceased 11-18-1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Henry Barnes  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Wiley Sessler  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Brummett  
(b) Address Bourbon Mo

17. (a) Burn (b) Date thereof 11-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Masome Cem Snyden

18. (a) Signature of funeral director W. R. Kuchler  
(b) Address St. James Mo

19. (a) 11-16-43 (b) W. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6  
year 1943 hour 3:00 minute 0 M.  
21. I hereby certify that I attended the deceased from 11/4/43  
to 11/6/43 1943  
that I last saw him alive on 11/4 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Cause not known, Perhaps arterio-sclerosis.

Due to \_\_\_\_\_  
Other conditions No.  
(Include pregnancy within 6 months of death)  
E. J. Haines, M.D.  
Major findings: None  
Of operations \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy None 130

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 E. J. Haines (M. D. or other)  
Address Bourbon, Mo Date signed 11/16/43

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

RECEIVED

District Health

District File No.

Date Filed

Case No. 5,  
24494  
9-2-44

**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

*W. H. Luchader*

Licensed Embalmer No.

1970

P. O. Address

St James 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.**