

FILED MAR 1944

Registration District No. 200

Primary Registration District No. 6226

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Rural Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 73 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton  
(c) City or town Neascho  
(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 W H. BARNES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Leona (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown (Month) (Day) (Year) 1867

8. AGE: Years 76 Months ? Days ? If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Cyrus Barnes

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

14. Maiden name Mary Bard

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

16. (a) Informant Harvey Barnes

(b) Address Neascho Mo

17. (a) burial (b) Date thereof Feb 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral home

18. (a) Signature of funeral director Bill Buehner

(b) Address Geneva Mo

19. (a) 2-4-44 (b) Dogel B. Buehner  
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1944 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from Jan 11 to Feb 3  
that I last saw him alive on Feb 2  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy  
Due to arterio-sclerosis

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: gza  
Of operations no  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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)  
(c) Means of injury ?

23. Signature R Y Hall (M. D. \_\_\_\_\_)  
Address Nevada Mo Date signed 2/3/44

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1842 Wm. St. ...

1234 ...

Hazel ...

Officer No. 7,  
District File Number 2-44-276  
Date Filed 3-8-44

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 Bill Rufford

Licensed Embalmer No. 2334

P. O. Address ..... 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.