

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10260
State File No. _____
Registrar's No. 10

FILED MAR 19 1945

Registration District No. 247

Primary Registration District No. 5829

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural Portage Twp
(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 Missouri (b) County New Madrid
(c) City or town Rural Portage Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herbert Barnes Jr
(b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 10
year 1945 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from
Saw patient only on Feb. 10, 45
that I last saw him alive on Feb. 10, 45
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 19 1944
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia
Due to Usual cause
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months 1 Days 22
If less than one day _____ hr. _____ min.

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Herbert Barnes

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

14. Maiden name Daisy Reese

15. Birthplace St. Francis County, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ruben Reese

(b) Address Portageville, Mo

17. (a) Burial (b) Date thereof 2-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jay Wye, Mo

18. (a) Signature of funeral director Jay Wye

(b) Address Jay Wye, Mo

19. (a) 2-10-45 (b) Ellen Decker
(Date received local registrar) (Registrar's signature)

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 A. G. Reider (M. D. or other)
Address Portageville, Mo. Date signed 2/30/45

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

0002

RECEIVED

District Health Office No.

District File Number 345-43

Date Filed 3/6/4

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.

Not Embalmed

Signed.....

+ Licensed Embalmer No.....

P. O. Address.....

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.