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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 15 1946

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 14

1. PLACE OF DEATH:

(a) County... Livingston
(b) City or town... Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
717 Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... 48 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe /
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Broadway 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM H BARNES

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-8073

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married!
(b) Name of husband or wife Mabel Barnes 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased December 21 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	1	5	hr. min.

9. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business _____

12. Name J. A. Barnes

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

14. Maiden name Gillie Smith

15. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Barnes

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 1-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Jan-28-1946 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
year 1946 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from November 29 1945 to January 26 1946
that I last saw him alive on January 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 5 days
Due to Left sided flaccid hemiplegia 35 days?
Due to Left sided flaccid hemiparesis 60 days?

Other conditions suspect capsular lesion of thrombotic origin

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) None
(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?

23. Signature [Signature] (M. D. or other) [Signature]
Address 702 1/2 Jackson - Chillicothe Date signed 1-28-46

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

1507

29
1
2

171

NOV 18 1953

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Elton F. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.