S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4992

State File No.

Registration District No. 75 Primary Registration District No. ~~3015~~ 4138 Registrar's No. ~~34~~ 27

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town LATHROP
(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 30 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CLINTON 25

(c) City or town LATHROP 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy Catherine Barnes

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 8 (Day) 1858 (Year)

8. AGE: Years 87 Months 1 Days 27 If less than one day hr. min.

9. Birthplace — (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation Home

11. Industry or business "

FATHER
12. Name D. H. McGUERREY
13. Birthplace — (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ELIZA CANADY
15. Birthplace — (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant WILLIAM T. Barnes

(b) Address LATHROP MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/7-1946 (Month) (Day) (Year)

(c) Place: burial or cremation LAWSON MO

18. (a) Signature of funeral director DeMOSS CRUNK

(b) Address LATHROP - MO -

19. (a) Feb. 6 46 (Date received local registrar) (b) Mrs Roy Bridgewater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 5 year 1946 hour 5 minute 25 a M.

21. I hereby certify that I attended the deceased from Feb. 3 - 1946, to Feb. 5 - 1946 that I last saw her alive on Feb 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 33 K

Of autopsy

Duration

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)

(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?
(Specify type of place)

While at work (e) Means of injury 0

23. Signature F. J. Longfield (M. D. or other)

Address Lathrop, Mo Date signed 2/5/46

(Licensed Embalmer's Statement on Reverse Side)

66

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~~ .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Lee Moss Creek

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.