

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12806

State File No.

FILED MAY 14 1946
District No. 20

Primary Registration District No. 4194

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Montgomery 3A
(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Alberta Barnes

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

4. Sex 71 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 7
6. (b) Name of husband or wife Geo W 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 22, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Fort Pleasant Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Jane Schuster
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Frank Clark Jones
(b) Address Albany Mo

17. (a) Burial (b) Date thereof Apr 14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worth Mo

18. (a) Signature of funeral director Letitia Bunker
(b) Address Albany Mo

19. (a) Apr 26-1946 (b) James W. Spelator
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1946 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 1940, to 4-13-, 1946;
that I last saw her alive on 4-13-, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. nephritis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank R. H. Red (M. D. or other) MD
Address: Albany, Mo Date signed 4-14-46

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

103

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Jeffrey Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.