

S. No. 2  
DM-5-43  
v. 5-17-39  
X36671

**FILED DEC 9 1946**

Registration District No. **158**

Primary Registration District No. **5513**

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Blue Springs S.N. - A. BAR TWP.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural Route No. One  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 60 years

**3. (a) PRINT FULL NAME** FLORENCE E. BARNES

**3. (b) If veteran, name war.** None

**3. (c) Social Security No.** None

**4. Sex** Female **5. Color, or race** White

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife.** Joseph A. Barnes

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

**7. Birth date of deceased.** April 9th 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>11</u>	_____ hr. _____ min.

**9. Birthplace** Kentucky  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housework

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

MOTHER FATHER

**12. Name** Frank Tevebaugh

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

**14. Maiden name** Sallie Davis

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

**16. (a) Informant** Mrs. C. E. Henderson

**(b) Address** Route #1, Blue Springs, Mo.

**17. (a) burial** (Burial, cremation, or removal) **(b) Date thereof** 11-23-46  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Mt. Washington Cemetery

**18. (a) Signature of funeral director** Geo. C. Carson

**(b) Address** Independence, Missouri

**19. (a) 11-25-46** (Date received local registrar) **(b) Donald C. Carothers** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Blue Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route No. One  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 11 day 20  
year 46 hour 7 minute 9 P. M.

**21. I hereby certify that I attended the deceased from** 10-1  
1946 to 11-20, 1946.

that I last saw her alive on 11-18, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease

Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_

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

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) \_\_\_\_\_

(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 1

**23. Signature** M. A. Bay (M. D. certifier)

Address Blue Springs, Mo. Date signed 11-21-46

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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 *Lloyd Carson*  
Licensed Embalmer No. *4199*  
P. O. Address *Independence*

**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.**