

National Office of Vital Statistics
FILED DEC 15 1947

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Brenda Joyce Barnes

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 9 - 3 - 46
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 1 hr. _____ min.

9. Birthplace Fayetteville, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name William Barnes

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

14. Maiden name Olivia Emerson

15. Birthplace Woolum, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant William Barnes

(b) Address Springdale, Ark.

17. (a) Removal (b) Date thereof 12-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springdale, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address DEC 4 - 1947 4700 Washington Blvd.

19. (a) _____ (b) J. J. Bressler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Washington **999**

(c) City or town Springdale **"Rural"**
(If outside city or town limits, write "RURAL")

(d) Street No. R R # 1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-30, 1947 to 12-4, 1947;

that I last saw him alive on 12-4-47, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death middle ear infection (left) clinical picture of brain abscess, meningitis & possibly encephalitis - not confirmed at autopsy

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Albert B. Forba (M. D. or other) _____

Address _____ Date signed 12/4/47

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

MOTHER FATHER

FEB 1 1946

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 Elms R. Cadwell

Licensed Embalmer No. 4077

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.