

Form No. 28
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33657
Registrar's No. 89

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 5 1948

Registration District No. 267

Primary Registration District No. 3049

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

1. PLACE OF DEATH:
(a) County Femiscot
(b) City or town Hayti
(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 _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(d) Street No. 8311 A Palke St
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Jean Barnes
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27th
year 1948 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Colored
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Naval Cord Trouble Duration _____
as history given.
Due to Baby was delivered by midwife
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

7. Birth date of deceased October 24, 1948
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

PHYSICIAN
Major findings: 11/10
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Hayti Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

11. Industry or business _____
12. Name James Barnes
13. Birthplace St Louis, Missouri
14. Maiden name Pauline Stalls
15. Birthplace Starks Florida

16. (a) Informant James Barnes
(b) Address 8311 A Palke St St Louis, Mo
17. (a) Burial (b) Date thereof 10/28/48
(c) Place: burial or cremation Hayti, Mo

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? _____
(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 John W German local Registrar (M.D. or other)
Address Hayti, Mo Date signed 10-29-48

18. (a) Signature of funeral director Friends
(b) Address _____
19. (a) 11-2-48 (b) John W German
(Date received local registrar) (Registrar's signature)

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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.

not Embalmed

Signed.....

Licensed Embalmer No.....

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.