

FILED MAY 12 1947

Registration District No. 336

Primary Registration District No. 6136

Registrar's No. _____

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town RURAL SP VALLEY
(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 5 WEEKS
years, months or days

3. (a) PRINT FULL NAME BRENTON ROBERT BARNES

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: NOV 29 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: TEXAS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY BARNES
13. Birthplace TEXAS MO
(City, town, or county) (State or foreign country)
14. Maiden name BLANCH BAILEY
15. Birthplace TEXAS MO
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY BARNES

(b) Address SUMMERSVILLE

17. (a) BURIAL (b) Date thereof April 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) SSA (b) Marie Rose
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SHANNON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 5 MI N.E. SUMMERSVILLE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAR 1
1947 to APRIL 21 1947
that I last saw him alive on APRIL 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: BRONCHIAL PNEUMONIA Duration _____

Due to: WHOOPING COUGH

Due to _____

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

Major findings: _____
Of operations: A
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 2

23. Signature Frederic Henth (M. D. or other) J.D.
Address Summersville Date signed April 22

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

RECEIVED

District Health Officer No. 5,

District File Number 547277

Date Filed 5-10-47

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.....

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.