

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 10 1941

Registration District No. 571

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4335

32051

State File No.

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town California, Mo. Walker  
(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 8 YRS (Specify whether  
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Job Silas Barnes

3. (b) If veteran, name war. 3. (c) Social Security No. 110

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 11 years (Month) (Day) (Year)  
7. Birth date of deceased May 11 1928

8. AGE: Years Months Days If less than one day  
13 4 12 hr. min.

9. Birthplace Alleenville 0 Missouri (City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business

12. Name Horace Barnes  
13. Birthplace 0 Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Muriel Irvin  
15. Birthplace 0 Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Horace Barnes  
(b) Address California Mo.  
17. (a) Burial (b) Date thereof Sept. 24. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemt. California

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo.

19. (a) 9-24-41 H.R. Popejoy  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California, Mo. Walnut Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 rd  
year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 12 to Sept. 23 1941  
that I last saw him alive on Sept. 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Duration

Due to Stroke - secondary of  
fundus (left).

about  
2 yrs.

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

23. Signature J. C. Burch Jr. (M. D. or other) 7/24/41  
Address California, Mo. Date signed

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

4761 6 130

---

---

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..... *Earl R. Boulton* .....

Licensed Embalmer No..... *2126* .....

P. O. Address..... *California, 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.**