

1 PLACE OF DEATH, DIST. No. 1537
(To be inserted by Registrar)

PERMIT FOR REMOVAL AND BURIAL

THIS IS NOT A DEATH CERTIFICATE

315

County of Kern
City or Town of Bakersfield
or Rural Registration District (No. Kern Gen Hospit Ward) Local Registered Number

California State Board of Health, Bureau of Vital Statistics

2 FULL NAME Jessie Lee Barnes

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> |
| 6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | |
| 7 DATE OF BIRTH <u>April - 14</u> 19 <u>32</u> (Month) (Day) (Year) | | |
| 8 AGE _____ years _____ months <u>3</u> days or _____ min. If LESS than 1 day, _____ hrs. | | |
| 9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> | | |
| (c) Name of employer _____ | | |
| 10 BIRTHPLACE (State or country city or town) <u>Bakersfield Calif</u> | | |
| PARENTS | 11 NAME OF FATHER <u>Clifford Barnes</u> | |
| | 12 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Oklahoma</u> | |
| | 13 MAIDEN NAME OF MOTHER <u>Beula Harris</u> | |
| 14 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ark</u> | | |
| 15a LENGTH OF RESIDENCE At Place of Death _____ years _____ months <u>3</u> days (Primary registration district) (If nonresident, give city or town and state) In California _____ years _____ months _____ days How long in U.S., if of foreign birth? _____ years _____ months _____ days | | |
| 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Beatrice Davis</u> (Address) <u>Bakersfield</u> | | |
| Filed _____ 19____ Registrar or Deputy | | |

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH
April 17 1932
(Month) (Day) (Year)

18 I HEREBY CERTIFY, That I attended deceased from 4-14 1932 to 4-17 1932 that I last saw him alive on April 14 1932 and that death occurred on the date stated above at 5:15 P.M.
The CAUSE OF DEATH* was as follows:
Blue Baby

19 (Duration) _____ years _____ months _____ days

20 Where was disease contracted _____ if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Joe Smith M.D.
4-18 1932 (Address) Kern

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

21 PLACE OF BURIAL OR REMOVAL Shafter DATE OF BURIAL 4-18 1932

22 UNDERTAKER JR G EMBALMER'S LICENSE No. 271

ADDRESS _____

LOCAL REGISTRAR'S PERMIT FOR REMOVAL

N.B.—This Permit can be signed only by the Local Registrar (Deputy or Subregistrar) of the Primary Registration District in which the death occurred after the FILING and acceptance of a COMPLETE AND CORRECT CERTIFICATE OF DEATH LEGIBLY WRITTEN IN DURABLE BLACK INK. A CERTIFICATE OF DEATH having been presented to me, and after examination the same appearing to be COMPLETE, CORRECT AND SATISFACTORY AS REQUIRED BY LAW, I have filed it with the above stated LOCAL REGISTERED NUMBER, and on the basis thereof I HEREBY GRANT A PERMIT to the above named undertaker for the REMOVAL AND BURIAL OR CREMATION of the body of said deceased person as stated above. In the case of death from a dangerous or communicable disease, the burial or removal must be conducted according to the rules of the State and local boards of health.

Dated _____ 192____

Local Registrar _____
Clerk _____

This Permit is sufficient for the removal and burial or cremation of a body at destination as above indicated (subject to local cemetery or other regulations).

Endorsement of Sexton or Person in Charge of Premises on Which Interments or Cremations are Made

0-5-32

Date of interment or cremation _____ 192____
(Strike out word not used)

(Signature of person in charge of Cemetery, Crematorium, etc.)

Shafter
(Name of Cemetery, Crematorium, etc.)

Person in charge must return this Permit to Local Registrar of his district within ten (10) days from above date. If no person is in charge the undertaker must sign the above statement, writing across the face of the Permit the words "no person in charge" and FILE PERMIT WITHIN TEN (10) DAYS with Local Registrar in the district in which the cemetery is located.

2600 # 20.00 Cash
Nov 8 - $\frac{600}{26.00}$ Cash

Blk 34
Pot # 40 H
400

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD READ THE PRINTED MATTER CAREFULLY