

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2081

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 1 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3128 Burnside Ave.
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME

Nora Lillian Barnes

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James E. Barnes
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 15 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 13 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name James K. P. Howell
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Senior
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Barnes
(b) Address St. Joseph, Mo.
17. (a) removal (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Neaton Beale & Bowman
(b) Address St. Joseph, Mo.

19. (a) Jan. 30, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 3 minute 10A M.

21. I hereby certify that I attended the deceased from Dec. 31, 1945, to Jan. 28, 1946
that I last saw him alive on Jan. 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary embolism 1 day
Due to Coronary sclerosis 1 yr.
Myocarditis chr. 1 yr.

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

Major findings: Of operations none
Of autopsy none

Duration

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. Signatur G. T. Bloomer (M. D. certifier)
Address 1218 N. 32 St. Joseph Date signed 1/28/46

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

095

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Mr. A. J. Binomer

121877, 3rd

2-1333

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

A. J. Binomer

Licensed Embalmer No.

1710

P. O. Address

St. Joseph 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.