S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1946

State File No. 23027

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 91

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

21884

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ball's Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Larimer 997

(c) City or town Belvue 0
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Anna Elmira Barnes

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife William Barnes

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 1 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	18	hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Josiah Brigham
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary V. Remley
15. Birthplace (City, town, or county) Va (State or foreign country)

16. (a) Informant Helen Burgess
(b) Address Bellevue Colorado

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation FORT COLLINS, COLO.

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Mo.

19. (a) 7/22/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 19th.
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July-16, 1946, to July 19, 1946
that I last saw her alive on July 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Acclusion

Due to Cardiac Disease + Hypertrophy

Due to Old age.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. C. Purviance M.D. (M. D. or other)

Address 210-E. Broadway Date signed 7-19-46

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(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-3-46

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 Robert Ray

Licensed Embalmer No. 14152

P. O. Address Excelsior Springs, 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.