No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31082
State File No.

FILED OCT 4 1947
Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 4080

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In Ambulance on way to General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3713 Roberts (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dora Barnes
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dwight Barnes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 3 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	0	23	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Munderhill
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frank Vance
(b) Address 3713 Roberts
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Mrs. C. P. Foster
(b) Address 918 Brooklyn K.C. Mo.
19. (a) 9-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 26 year 1947 hour 1 minute 8 A.M.
21. I hereby certify that I attended the deceased from Years 47 to Years 47 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of Heart	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place) none
While at work? no (e) Means of injury
23. Signature Hum C Cunningh M.D.
Address Date signed 9-26-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Bryant Bldg
Vi-8531
9:am to 1:Pm

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 Corthand Munroe

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.