S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44463

FILED JAN 19 1948

Registration District No. 1948 Primary Registration District No. 3040 Registrar's No. 176

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 325 Cowgill Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Salina 999
(c) City or town Salina 75
(If outside city or town limits, write "RURAL")
(d) Street No. West End of Pacific Street 2
(If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Marion Barnes
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Hull Barnes
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November (Month) 26 (Day) 1870 (Year)

8. AGE: Years 77 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Worth, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business

FATHER
12. Name James Barnes
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bressler
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Eugene Barnes
(b) Address Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Barnes Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Jan 13 1948 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1947 hour 7:50 minute P M.
21. I hereby certify that I attended the deceased from Dec 21, 1947 to Dec 31, 1947 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	24 hrs
Due to	
Due to arteriosclerosis	5 or 6 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83 P

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)
(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 M. M. Purnell M.D. (M. D. or other)
Address Chillicothe Mo Date signed 1/3/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.