No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1699

FILED FEB 16 1948

Registration District No. 189 Primary Registration District No. 3040 Registrar's No. 18

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: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Mooresville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Wesley Barnes
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July (Month) 19 (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Glenwood, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Barnes 0
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 0
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant John W. Barnes
(b) Address Mooresville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mooresville Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Feb 12 1948 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st year 1948 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 21 1948 to Jan 31 1948 that I last saw her alive on Jan 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 10 days
Due to unknown
Due to
Other conditions Broncho Pneumonia 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ~~X~~ 3 PM

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 0

23. Signature C. M. Grace (M. D. or other)
Address Chillicothe, Mo Date signed 1/31-48

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

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 Ettan Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.