

FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3878

Registration District No. 6

Primary Registration District No. 5031

Registrar's No.

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. CHIVRE TWP. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 S. M. S. W. of VANDALIA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 Months
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Emma Jane Barnes

3. (b) If veteran,
name war.

3. (c) Social Security

OAA. No. NONE AT PRESENT

4. Sex Female 5. Color or race white
6. (b) Name of husband or wife. William Elmer Barnes
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. December 16 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER

12. Name A. R. Gardner
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Ann Phears
15. Birthplace Spencerberg Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. P. Heinicke
(b) Address Vandalia Mo

17. (a) Burial (b) Date thereof Feb 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Farber

18. (a) Signature of funeral director. W. S. Waters
(b) Address Vandalia Mo

19. (a) Feb 13 1948 (b) M. L. Fugua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 213 E Washington St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan-11
1947, to Feb-9 1948
that I last saw her alive on Feb-9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 40 min.

Due to Hypertension 10 yrs.

Due to Diabetic crisis
Chronic Diabetic 20 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) 2
(e) Means of injury

23. Signature Dr. J. R. Dougherty (M. D. or other) Do
Address Vandalia Mo Date signed 2/11/48

RECEIVED
District Health Officer No.
District File Number 2:41:3
Date Filed FEB 17 1948

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..... *Wm B. Waters*
Licensed Embalmer No. *4169*
P. O. Address..... *Dandalia 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.