

No. 2  
1/47  
7-39

7572

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

National Office of Vital Statistics

FILED MAR 9 1948

Registration District No. 3020

Primary Registration District No. 3076

Registrar's No. 49

1. PLACE OF DEATH:

(a) County VERNON  
(b) City or town NEVADA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ANDERSON CONVALESCENT HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 MONTHS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI; (b) County HENRY #2  
(c) City or town APPLETON CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. NONE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BARNFIELD-EMMA

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife TOM BARNFIELD  
6. (c) Age of husband or wife if alive DEAD years  
7. Birth date of deceased MAY 31 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

12. Name PLEASANT OWEN  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET HUNT  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant VERGIL P. OWEN  
(b) Address NEVADA MO. RT. 1

17. (a) REMOVAL (b) Date thereof 3-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NELSON MO

18. (a) Signature of funeral director F L Schaberg  
(b) Address Clinton Mo

19. (a) 3-3-48 (b) Walter J. Yancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3  
year 1948 hour 2 minute 00 P. M.  
21. I hereby certify that I attended the deceased from Mar 20/48  
to Mar 3 1948  
that I last saw her alive on Mar 3 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Duration Don't know.

Due to Advanced age.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations none  
Of autopsy none

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. Love (M.D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 3/3/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-48-200

Date Filed 3-8-41

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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 Francis Lee Schakel

Licensed Embalmer No. 4513

P. O. Address Warrensburg 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.