

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1948

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5451

State File No. 25928

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural - Wilson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 years
(Specify whether years, months or days)
In this community 31 years

3. (a) PRINT FULL NAME Ira Willshire 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 Bessie Marie Barnes 6. (c) Age of husband or wife 52 years
7. Birth date of deceased July 31 1876 (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name James Barnes

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bressler

15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Barnes

(b) Address Parnell, Missouri

17. (a) Burial (b) Date thereof 8-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Frank C. Dangle

(b) Address Grant City, Mo.

19. Aug 25-1948 (b) (Day) (Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Parnell (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 30 to Aug 15 1948
that I last saw him alive on Aug 15 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Death Coronary Thrombosis
Duration

Due to Arteriosclerotic Cardiovascular Disease 10 yrs
Due to

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 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Frank C. Dangle Address Grant City, Mo. Date signed 8/23/48

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..... *Arch C. Dumble*.....
Licensed Embalmer No. *3252*.....
P. O. Address *Grant City, 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.