No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28757

Primary Registration District No. 3900

Registrar's No. 266

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

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1006 South Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1006 South Baltimore
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Emily Barnes Ford
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 11 (Day) 1877 (Year)

8. AGE: Years 71 | Months 6 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Schuyler Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired School Teacher
11. Industry or business .....

MOTHER FATHER
12. Name: Thomas J. Barnes
13. Birthplace: Clark Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Mary E. Bennett
15. Birthplace: Schuyler Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: W C Summers
(b) Address: Kirksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Barnes Cemetery
18. (a) Signature of funeral director: Robert B. Ames
(b) Address: Kirksville Mo
19. (a) 9-13-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 12 year: 1948 hour: 8 minute: 45 AM.

21. I hereby certify that I attended the deceased from Sept 7, 1948 to Sept 12, 1948; that I last saw her alive on Sept 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	3 hrs
Due to: Uremia	5 days
Due to: Chronic Nephritis	years
Cardiovascular Renal Disease	years
Other conditions (Include pregnancy within 3 months of death): Insanity Cholecystitis	

Major findings:
Of operations: 3/18
Of autopsy: 3/18

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: E. L. Bertleman (Name of physician) M.D.
Address: Kirksville, Mo. Date signed: 9/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-168
Date Filed SEP 28 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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.