FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 1846

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Gn. 9514 15 94

State File No. 36981

Primary Registration District No. 3026

Registrar's No. 329

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: INDEPENDENCE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: INDEPENDENCE SANITARIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 DAYS (Specify whether years, months or days)

In this community: 55 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48

(c) City or town: INDEPENDENCE (If outside city or town limits, write "RURAL")

(d) Street No.: 1542 WILLOW (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ---

3. (a) PRINT FULL NAME: MRS NORA NEVADA BARNARD

3. (b) If veteran, name war: NO

3. (c) Social Security No.:

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MR. JAMES EZRA BARNARD

6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: APRIL (Month) 29 (Day) 1890 (Year)

8. AGE: Years 58 | Months 6 | Days 2 | If less than one day: hr. min.

9. Birthplace: OAK GROVE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: ---

MOTHER FATHER

12. Name: WILLIAM HENRY EHARD

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

14. Maiden name: ?

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

16. (a) Informant: James E. Barnard

(b) Address: 1542 Willow Indep., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV-4-1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: WOODLAWN CEMETERY

18. (a) Signature of funeral director: [illegible]

(b) Address: KANSAS CITY, MISSOURI

19. (a) 11-3-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 2549

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 1ST year 1948 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from June 9, 1947, to Nov. 1, 1948, that I last saw her alive on November 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Circulatory Failure

Due to: Carcinoma of Bladder with Generalized Metastasis

Due to: pelvis liver + lungs

Other conditions: Chronic Cholecystitis c̄ Lithiasis

(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: as above

Of autopsy: none

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? (Specify type of place)

While at work?

(e) Means of injury: 0

23. Signature: Harold V. Woods M.D. (M. D. or other)

Address: 12 W. Lexington Indep. Mo.

Date signed: Nov 4, 1948

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.