

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4045

State File No. _____

Registration District No. 849

Primary Registration District No. 6114

Registrar's No. 3

1. PLACE OF DEATH:

- (a) County Sullivan
(b) City or town Rural
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Samuel Barkley 624

8. (b) If veteran, name war _____ 8. (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 Elizabeth 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct 21 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business 0

12. Name John Barkley

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

14. Maiden name Barkley

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

16. (a) Informant E. E. Barkley

- (b) Address Greenmash Mo.

17. (a) Burial (b) Date thereof 1-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Blenn E. Kent

- (b) Address Green City, Mo.

19. (a) 1-31-1940 (b) Virginia Liben
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Sullivan

- (c) City or town Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1940 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Jan. 22, 1940, to Jan. 26, 1940
that I last saw him alive on Jan. 23, 1940
and that death occurred on the date and hour stated above.

- Immediate cause of death LOBAR PNEUMONIA Duration 3 days

- Due to SELF ADMINISTERED PHENOBARBITAL - 22-1 1/2 grain TABLETS - AT SINGLE DOSE

- 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 3

23. Signature J. E. Schurr (M.D. or other) 0
Address Green City Date signed 1-26-40

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

RECEIVED

District Health Officer No. 10

District File Number 2-40-219

Date Filed FEB 2 1940

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

Archie W. Wade

Licensed Embalmer No.

3037

P. O. Address

Green 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, above space should be left blank.