

No. 2
13-40
17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11213

State File No.

APR 28 1941

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")
(d) Street No. 600 Donaldson
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1941 hour 4 minute 45 P. A. M.

21. I hereby certify that I attended the deceased from Mar. 1
1941, to Mar. 28, 1941,
that I last saw him alive on Mar. 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis
Due to interstitial pneumonia

Other conditions
(Include pregnancy within 3 months of death)
74

Major findings:
Of operations
Of autopsy
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
23. Signature S. J. Hillard (M. D. or other)
Address Canton, Mo. Date signed 3-30-41

3. (a) PRINT FULLNAME Thomas McClelland Barkley

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Brown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 2 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 26 hr. min.

9. Birthplace Chester Co., Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Andrew Barkley
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Catherine Bush
(City, town, or county) (State or foreign country)
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T.M. Barkley
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Mar. 31, '41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bluff Springs

18. (a) Signature of funeral director Carl A. Barkley
(b) Address Canton, Mo.

19. (a) 3-30-41 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-680

Date Filed APR 10 1941

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

Earl H. Dinkley

Licensed Embalmer No. 2615

P. O. Address

Canton, 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.