No. 2
-13-40
-17-39

DE[illegible]MENT OF COMMERCE
[illegible]EAU OF THE CENSUS

FILLED 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22140

Registration District No. 538 Primary Registration District No. 5723 Registrar's No. 46

62
0
0

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown Mo
(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 (Specify whether
In this community Transits
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

62
0
0

3. (a) PRINT FULL NAME WILLIE LORINE OAKLEY

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion Oakley
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased May (Month) 6 (Day) 1919 (Year)

8. AGE: Years 22 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Butler County (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Hugh Barcliff
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Ida Josephine Barcliff
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Lowrence Barcliff
(b) Address Ellsinore, Mo. R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 15 (Day) 1941 (Year)
(c) Place: burial or cremation Carter County, Mo
18. (a) Signature of funeral director Stanley Dixon
(b) Address Fredericktown, Mo. 4X1
19. (a) June 14-1941 (Date received local registrar) (b) S. C. S. Laughlin By [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Broken neck and severed jugular vein
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) accident
(b) Date of occurrence June 13, 1941
(c) Where did injury occur? near Fredericktown (City or town) Madison (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 61 062
(Specify type of place)
While at work? (e) Means of injury Car Wreck
23. Signature [illegible] Coroner (M. D. or other) 3
Address Fredericktown, Mo. Date signed 6-14-41

(Licensed Embalmer's Statement on Reverse Side)

17 Dec 98

FEB 14 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

No. 2B
-25-41
X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22140

Registration District No. 538 Primary Registration District No. 5723 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Madison
(b) City or town: (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 (Specify whether years, months or days) In this community

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

3. (a) PRINT FULL NAME: Willie Oakley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: I
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years | Months: 1 | Days | If less than one day: hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name (Father)
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (Mother)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) June 25 - 1941 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature) By C. D. Sullivan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck and severed jugular vein

Due to: Collision with a truck on Highway 61, 4 miles North of Fredericktown, Mo.

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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): Accident
(b) Date of occurrence: June 13, 1941
(c) Where did injury occur? Farmington (City or town) St. Francois (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Highway No. 61 (Specify type of place)
While at work? No (e) Means of injury: Collision
23. Signature: Garner M. Eaves Coroner (M. D. or other)
Address: Fredericktown, Mo. Date signed

SUPPLEMENTARY

Fredericktown Mo

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