

S. No. 2
M-5-42
7-5-17-39
VI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 2 1942
Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33198

State File No.
Registrar's No. 786

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(c) Name of hospital or institution:
2622 Sacramento Street,
(d) Length of stay: In hospital or institution 40 years,
In this community 40 years,
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph
(d) Street No. 2622 Sacramento
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Nellie J. Barkley,
3. (b) If veteran, name war None
3. (c) Social Security No. None,

20. DATE OF DEATH: Month October day 17th,
year 1942 hour 8:00 minute 45 p. m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Oct 5 to Oct 17 1942
that I last saw her alive on Oct 17 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased April 12th, 1874
(Month) (Day) (Year)

Immediate cause of death
Coronary occlusion
Due to Carcinoma of breast
Duration 2 hrs.

8. AGE: Years 68 Months 6 Days 5
If less than one day hr. min.

Due to 50
Other conditions
Major findings: Breast removed 6 weeks ago - Cancer
Of autopsy

9. Birthplace Davis City, Iowa,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

12. Name Isaiah Barkley,
13. Birthplace Greensburg, Indiana,
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Stewart,
15. Birthplace Greensburg, Indiana,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glenn Dixon
(b) Address Des Moines, Iowa,

17. (a) removal (b) Date thereof 10/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Davis City, Iowa.

18. (a) Signature of funeral director
(b) Address 319 So. 10th Street, Home
19. (a) 10-20-42 (b) Roe Herzog
(Date received local registrar) (Registrar's signature)

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?
(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
23. Signature R. C. Baiman (M. D. or other)
Date signed 10/19/42

1233 (Licensed Embalmer's Statement on Reverse Side) Dr Joseph Mo

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 Oct 17, 42

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph

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.