

FILED MAY 11 1943

Registration District No. 35

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether
In this community 1 hour
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(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

Joan Rae Barkwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr. 1st. 1943
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER
12. Name Lloyd Simpson Barkwell
13. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edith Irene Ausburn
15. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L. Barkwell
(b) Address 714 Lyons St.

17. (a) Burial (b) Date thereof April 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Providence

18. (a) Signature of funeral director H. Williams
(b) Address Columbia, Mo

19. (a) 4-30-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Apr. 1-1943 to Apr. 1-1943
that I last saw him alive on Apr. 1-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration few hrs.

Due to Do not know 159
Due to

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

Major findings: Of operations None
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) No
(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? No
While at work? No (Specify type of place) (e) Means of injury None

23. Signature W.D. Dyson (M. D. or other)
Address W.D. Dyson Date signed May 4-1943

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.....

No Embalming
working under my personal supervision.

....., Registered Apprentice No.

No Funeral
Family purchased Casket
and Conducted Burial

Signed *[Signature]*

Licensed Embalmer No. *3185*

P. O. Address *Columbia 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.