

FILED AUG 7 1943

Registration District No. 2794

Primary Registration District No. 53385349

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural Jasper
(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 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Plad Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Karen Ellen Barclay

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. S O

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

7. Birth date of deceased. 3 19 1943 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 3 .hr. min.

9. Birthplace. Plad Polk Co, Mo (City, town, or county) (State or foreign country)

10. Usual occupation. none

11. Industry or business.

12. Name. Orville Barclay

13. Birthplace. Dallas Co, Mo (City, town, or county) (State or foreign country)

14. Maiden name. Hazel Carter

15. Birthplace. Polk Co, Mo (City, town, or county) (State or foreign country)

16. (a) Informant. Orville Barclay

(b) Address. Plad Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 3-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation. Star Ridge

18. (a) Signature of funeral director. L.B. James

(b) Address. Buffalo, Mo

19. (a) 3/25/43 (Date received local registrar) (b) Helen James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1943 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 19 1943 to March 22 1943 that I last saw her alive on March 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Premature birth. Patent foramen ovale. Due to Mother suffered with a severe albuminuria

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

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature. J. Bennet (M. D. or other) D.O. Address. Buffalo, Missouri Date signed. 3/22/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

30 00

RECEIVED
District Health Officer No. 7,
District File Number 7-43-744
Date Filed 8-6-43

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.