S. No. 2
M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29085

Registration District No. 288 Primary Registration District No. 5-9-814426 Registrar's No. 21

84
0
0

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Fair Play 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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Fair Play
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Milton H. Barkley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband or~~ wife Lizzie Barkley

6. (c) Age of ~~husband or~~ wife if alive 74 years

7. Birth date of deceased Jan. (Month) 27 (Day) 1866 (Year)

8. AGE: Years 77 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Cedar County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Barkley
13. Birthplace Ky. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Barbra Denton
15. Birthplace Ill. (City, town, or county) (State or foreign country) /

16. (a) Informant Joe Barkley
(b) Address Fair Play, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lindy Prarie

18. (a) Signature of funeral director Barker-Ewin and Blue
(b) Address Fair Play, Mo.

19. (a) 8-4-1943 (Date received local registrar) (b) Lucille Brown (Registrar's signature) MSH

1191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 12, 1942, to July 28, 1943
that I last saw him alive on July 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	2 days
Due to Cerebral hemorrhage	9 days
Due to Arteriosclerosis	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93e

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)
(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 Dr R. F. Wilson (M.D. or other) DO
Address Fair Play, Mo Date signed 7/29/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-43-923
Date Filed 9-9-43

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.