

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38913

State File No. _____

Registration District No. 44 DEC 8 1943 89

Primary Registration District No. 5982

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Falk (Rural) Mooney township

(b) City or town Halfway
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
40 years, 10 miles S. East Halfway
(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) 40 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Falk

(c) City or town Halfway (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 10 miles Southeast of Halfway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Barbara Ellen Barkham

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 1:10 minute P M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased: April 24, 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20, 1942 to June 23, 1943
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

87 2 0 hr. min.

Immediate cause of death: Coronary occlusion

9. Birthplace: Falk County Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation House Keeper

11. Industry or business House work

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

12. Name Joel H. Barkham

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

14. Maiden name Mary Ann Slagle

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Sarah E. Haldaway

(b) Address Buffalo, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence: _____

17. (a) Burial, cremation, or removal Burial

(b) Date thereof June 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Rock Hill Cemetery

(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? _____

18. (a) Signature of funeral director Erwin and Blue

(b) Address Caluar, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) Dec 4, 1943 (Date received local registrar)

(b) Estelle Benton (Registrar's signature)

23. Signature W. E. Albright (M. D. or other)

Address Pleasant Hope, Mo. Date signed 6-25-43

1210 (Licensed Embalmer's Statement on Reverse Side)

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Richard A. Erwin

Licensed Embalmer No.

9092

P. O. Address

Belmar, N.J.

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.