

FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7623

Registration District No. 179

Primary Registration District No. 5659

Registrar's No. 26

1. PLACE OF DEATH:

(a) County. Lewis
(b) City or town. Rural Canton
(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. 27 years
(Specify whether years, months or days)
In this community 27 years

3. (a) PRINT FULL NAME MARY MARGUERITE BARKLEY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Ralph Wm. Barkley 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased. July 22 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 6 10 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.

12. Name. William F. Howell
13. Birthplace. Woodland Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Cora Freemole
15. Birthplace. Maquon, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant. Miss Maud Howell
(b) Address. Quincy, Illinois

17. (a) Burial (b) Date thereof. Feb. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Missouri

18. (a) Signature of funeral director Carl H. Barkley

(b) Address. Canton, Missouri

19. (a) 2-8-44 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Lewis
(c) City or town. Rural
(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. /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Feb. day. 2
year. 1944 hour. 6 minute. 40P. M.

21. I hereby certify that I attended the deceased from Aug
1943 to Feb 2, 1944
that I last saw him alive on Feb 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Spleen
Due to Coccarina of uterine

Due to 1872

Other conditions. 48 f
(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) (e) Means of injury 2

23. Signature P.W. Jennings (M. D. or other) Do
Address Canton Mo Date signed 2-8-44

(Licensed Embalmer's Statement on Reverse Side)

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

A. A. Roberts, La Grange, Mo., Registered Apprentice No. Embalmer
working under my personal supervision.

Signed

Emil A. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.