

FILED APR 8 3 18 1944

Registration District No. 3184A

Primary Registration District No. 5101

Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Benton  
(b) City or town: Fairfield, Nevada  
(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: all of life (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME: Isaac Hartwin Barclay

3. (b) If veteran, name war: NO 3. (c) Social Security No.: NO

4. Sex: MALE 5. Color or race: W 6. (a) Single, widowed, married, divorced: MARRIED  
6. (b) Name of husband or wife: Melissa Barclay 6. (c) Age of husband or wife if alive: 77 years  
7. Birth date of deceased: 12 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 13 If less than one day hr. min.

9. Birthplace: Fairfield, Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation: Stockman

11. Industry or business:

MOTHER FATHER  
12. Name: Joseph Barclay  
13. Birthplace: Ind. 1  
(City, town or county) (State or foreign country)  
14. Maiden name: Cordellie Carter  
15. Birthplace: Fairfield, Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant: Melissa Barclay  
(b) Address: Fairfield, Mo.

17. (a) Burial (b) Date thereof: 2-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Shiloh Cemetery

18. (a) Signature of funeral director: Silbert Hathaway

(b) Address: Wheatland, Mo.

19. (a) 3/10/44 (b) Jas. A. Logan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Benton  
(c) City or town: Fairfield  
(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 February day 25  
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from FEB - 4  
1944, to 2-25-44, 1944  
that I last saw him alive on 2-25-44  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver  
Duration: 15 years

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: H68  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_

23. Signature: James A. Logan (M. D. or other) M.D.  
Address: Baraboo, Mo. Date signed: 3/25/44

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

RECEIVED

District Health Office No. 7

District File Number 3-44-453

Date Filed 4-7-44

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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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, MD

**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.**