

S. No. 2
M-2.43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13942

State File No.

Registrar's No.

FILED MAY 12 1944

Registration District No. 7

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Grim-Smith Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days.
In this community Same
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan
(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 _____

3. (a) PRINT FULL NAME Roger Abraham Barkley

3. (b) If veteran, name war No. 3. (c) Social Security No. 496-05-9930

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Lois Barkley 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased January 3, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 4 _____ hr. _____ min.

9. Birthplace Osage City, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe Operator

11. Industry or business _____

MOTHER FATHER { 12. Name Sylvester Lafayette Barkley
13. Birthplace Osage City, Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Rogers
15. Birthplace Osage City, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Barkley
(b) Address Milan, Missouri

17. (a) Burial (b) Date thereof Apr. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem, Milan, Mo.

18. (a) Signature of funeral director Schoene's Funeral Service
(Specify type of place) (b) Address Milan, Mo. (c) Means of injury _____

(b) Address 4710 1/4 (c) Mrs. J. D. Waggoner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1944 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 27 1944 to April 7 1944

and that I last saw him alive on April 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma of mediastinum 4 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

23. Signature George E. Grim (M. D. or other) md

Address Kirksville, Missouri Date signed 4-8-44

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

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 5-44-957

Date Filed MAY 11 1944

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milner, 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.