

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 3 1945

State File No.

8958

Registration District No.

Primary Registration District No.

5115

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural
(c) Name of hospital or institution: 1 sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Road near Sedgewickville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MELVINA HENRY BARKES

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced
(b) Name of husband or wife Conrad Barkes 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Jan 9, 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 29 If less than one day
hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeper
12. Name William Henry
13. Birthplace Genn. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Statler
(b) Address

17. (a) Burial (b) Date thereof Mar 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Statler Cemetery
(b) Address Jackson, Mo.

19. (a) 3/10/45 (b) Mrs. Seneca Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8th
year 1945 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Mar 5th to Mar 8th, 1945
that I last saw her alive on Mar 9th, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury

53. Signature Eddie C. Cates (M. D.)
Address Sedgewickville Date signed 3/10/45

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

RECEIVED

District Health Officer No. 4

District File Number 445-428

Date Filed 4-6-45

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address

Centerville, Va.

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.