

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Walter Barclay

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Georgia

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 12 1887

(Month) (Day) (Year)

8. AGE:

Years 55 Months 11 Days 18  
If less than one day hr. min.

9. Birthplace Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Sec. Treas. Patten Creamery

(City, town, or county) (State or foreign country)

11. Industry or business Patten Creamery

12. Name Rufus Barclay

(City, town, or county) (State or foreign country)

13. Birthplace Missouri

(City, town, or county) (State or foreign country)

14. Maiden name No Record

(City, town, or county) (State or foreign country)

15. Birthplace No Record

(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Barclay

(City, town, or county) (State or foreign country)

(b) Address Springfield Mo

(City, town, or county) (State or foreign country)

17. (a) Burial

(b) Date thereof 5/4/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director Ernest Mayberry

(City, town, or county) (State or foreign country)

(b) Address 2315 Lincoln Blvd

(City, town, or county) (State or foreign country)

19. (a) 5-1-45

(b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield 39  
(If outside city or town limits, write "RURAL")  
(d) Street No. 137 1/2 Madison  
(If rural, give location) Madison  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day 30th year 1945 hour 7 minute 15 P M.

21. I hereby certify that I attended the deceased from Pathologist

that I last saw him alive on 4/30/45, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Due to undetermined  
Due to undetermined

Other conditions: 111a  
(Include pregnancy within 3 months of death)

Major findings: Of operations As above  
Of autopsy As above  
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) no  
(b) Date of occurrence 5/4/45  
(c) Where did injury occur? Springfield Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
While at work? no (Specify type of place) (e) Means of injury no

23. Signature Marye J. Jones (M.D. or other) no  
Address St. Lukes Hosp Date signed 5-1-45

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

838

JUN 28 1945

JAN 7 1945  
JAN 7 1945

**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..... *Ray E Snow* .....

Licensed Embalmer No. *2560* .....

P. O. Address *K E 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.**