

**FILED OCT 9 1955**

Registration District No. **100**

Primary Registration District No. **3018**

Registrar's No. **50**

**1. PLACE OF DEATH:**

(a) County **Dent**  
(b) City or town **Salem**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**X**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **X** (Specify whether  
In this community **most of her life**  
years, months or days)

**3. (a) PRINT**

FULL NAME **Sylvia Myrtle Barksdale**

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

4. Sex **female** race **w** 5. Color or divorced **widowed**  
6. (b) Name of husband or wife **Sikiah Barksdales** 6. (c) Age of husband or wife if alive **X** years  
7. Birth date of deceased **July 26 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**70 1 9** hr. min.

9. Birthplace **Dent Co. Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **X**

12. Name **Cernilius Wells**  
13. Birthplace **Dent Co. Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Patton**  
15. Birthplace **Jefferson Cy. Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss M. M. Patton**  
(b) Address **Salem Mo**

17. (a) **burial** (b) Date thereof **9/7/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cedar Grove Cem**

18. (a) Signature of funeral director **M. M. Patton**  
(b) Address **Salem Mo**

19. (a) **9-6-45** (b) **M. M. Patton**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Dent** **38**  
(c) City or town **Salem**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **X** (If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country **X**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept** day **5**  
year **1945** hour **10** min **20** A. M.

21. I hereby certify that I attended the deceased from **Nov 1944** to **Sept 5, 1945**  
that I last saw her alive on **Sept 5, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease**  
Due to  
Due to

Other conditions **Osteoarthritis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **97**

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) (Means of injury)  
23. Signature **M. M. Patton** (M. D. or other)  
Address **Salem Mo** Date signed **9-6-45**

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Carl L. [Signature]*

Licensed Embalmer No.

*2370*

P. O. Address

*Salem Ma.*

**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.**