

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

13685

Do not use this space.

FILED APR 17 1946

1. PLACE OF DEATH

(a) County Knox Registration District No. 169
(b) Township Salt River Primary Registration District No. 56-2051.2 Registered No. 34
(c) City Novelty (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

FRANCIS ARTHUR BARCLAY
(a) Residence, No. Novelty, Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Eva May Cockrum
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
79 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County, Illinois

13. NAME Ira C. Barclay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County, N. Y.

15. MAIDEN NAME Charity E. Gilmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allegheny County, Penn.

17. INFORMANT Mrs. John Botts
(ADDRESS) Hurdland, Missouri

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Novelty, Mo. DATE April 4, 1946

19. FUNERAL DIRECTOR Geo. B. Basley Jr.
(ADDRESS) Hurdland, Mo.

20. FILED April - 11, 1946 - W. L. S. Nunn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1946

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1946 to Apr. 1st 1946
I first saw him alive on Mar. 31, 1946 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Date of onset Mar. 31, 1946

Other contributory causes of importance:
Chronic Bronchitis

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) E. C. Holmes, D.D.
(Address) Novelty, Mo.

MAY 2 1946

2-10-11

State of Illinois, License No. 10

Expiration Date 4-46-62

Date Filed APR 15 1946

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo B E. [Signature]

Licensed Embalmer No.

3755

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.)