

FILED FEB 20 1947

Registration District No. 6241

Primary Registration District No. 6241

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural--Madison Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether
In this community All of life
years, months or days)

3. (a) PRINT FULL NAME ROSA B. BARKLEY

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W /
6. (b) Name of husband or wife Mode Barkley 6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased August 14, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 9 X hr. X min.

9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXXX

12. Name Will Bugg
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant F. P. B. as living (b) Address Fair Play, Missouri

17. (a) Burial (b) Date thereof 1-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 2-8-47 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1947 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 18
1947, to 1947;
that I last saw her alive on Jan 18, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Cerebral) 11 days
Due to Hypertension
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)
(a) Means of injury 2
23. Signature F. P. B. as living (M. D. or other)
Address Fair Play, Missouri Date signed Jan 31/47

LA-112
21-11-1

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.