

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **156** Primary Registration District No. **2011** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **St. Joseph Hospital**
(d) Length of stay: In hospital or institution **1 week**
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **2601 Taylor**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ellen Jewell Barkley**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **18** year **1947** hour **4:40** minute **0** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carl H. Barkley** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Nov 14 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 11**, 19 **47** to **March 18**, 19 **47**
that I last saw her alive on **March 18**, 19 **47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocardial Failure**
Duration **Over 10 days**

8. AGE: Years Months Days If less than one day
70 **4** **4** **hr / min.**

Due to **Chronic Myocarditis** over **10 days**

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

Other conditions **General toxemia result of empyema of the Gall Bladder** over **10 days**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **C. N. Bruggs**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

Major findings: Of operations **none**
Of autopsy **ASP**

14. Maiden name **Marion Mantroff**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Carl H. Barkley**
(b) Address **2601 Taylor Joplin**
17. (a) **Burial** (b) Date thereof **March 21 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Paul Junction Cem.**
18. (a) Signature of funeral director **W. H. City**
(b) Address **W. H. City**
19. (a) **3/21/47** (b) **Ed Egan**
(Date received local registrar) (Registrar's signature)

23. Signature **J. S. Chalkley** (M. D. or other) **0**
Address **Joplin Mo** Date signed **3-21-47**

Dr. H. A. Keamery Joplin Mo

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

Delva

47-3-242

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 Chauncey M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City 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.