

S. No. 2  
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5-17-39  
P I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 24 1947**

# STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **21408**

Registration District No. **155** Primary Registration District No. **5578** Registrar's No. **93**

**1. PLACE OF DEATH:**  
 (a) County Wagoner  
 (b) City or town RURAL; JOPLIN TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R-1 BOX 316 A JOPLIN, 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Wagoner  
 (c) City or town Wagoner TOWNSHIP; RURAL?  
(If outside city or town limits, write "RURAL")  
 (d) Street No. RT # 102 316 A  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** George Washington Barclay  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race White  
 6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 3 1876  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 9  
 year 1947 hour 3 minute 0 M.  
 21. I hereby certify that I attended the deceased from 6-9-47  
 that I last saw him alive on 6-9-47  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial Infarction  
 Duration \_\_\_\_\_

**8. AGE:** Years 71 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fairbairn Okla  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tailor

**MOTHER FATHER**  
 12. Name Fidelis Baigling

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Baigling

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Margie Sheakella  
 (b) Address Rt. 1 Joplin Mo

17. (a) Burial (b) Date thereof June 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wagoner Cem.

18. (a) Signature of funeral director Walter C. ...  
 (b) Address Wagoner Mo

19. (a) JUN 11 1947 (b) W. C. ...  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Myocardial  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy W.C.

**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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature W. C. ... (M. D. or other) Do.  
 Address Wagoner Mo Date signed 6-9-47

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

47-6-494

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 B. A. Legan

Licensed Embalmer No. 3979

P. O. Address K. C. 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.