

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31725**

FILED SEP 29 1947

Registration District No. **178**

Primary Registration District No. **4281**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **Lewis**  
(b) City or town **Canton** **Canton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **Entire Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Minnie Ellen Barkley**

3. (b) If veteran, **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Thomas M. Barkley** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **April 7 1868**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **29** If less than one day hr. min.

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

10. Usual occupation **Retired Housewife**

11. Industry or business

12. Name **William Brown**  
13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Lynn**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Woodrow Barkley**  
(b) Address **Canton, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 8, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bluff Springs Cemetery**

18. (a) Signature of funeral director **W. D. Dodson**

(b) Address **Canton, Mo.**

19. (a) **9/8/47** (b) **W. D. Dodson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**  
(c) City or town **Canton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **406 Bland**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** 6  
year **1947** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 3**, 19**47**, to **Sept. 6**, 19**47**  
that I last saw him alive on **Sept. 6**, 19**47**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Carcinoma**  
Duration **18 mo**

Due to

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?

(Specify type of place)  
While at work? (e) Means of injury

23. Signature **W. D. Dodson** (M. D. or other)  
Address **Canton, Mo.** Date signed **9/8/47**

RECEIVED  
District Health Officer No. 10  
District File Number 9-47-1310  
Date Filed SEP 25 1947

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

*Emil H. Bulley*

Licensed Embalmer No. 2615

P. O. Address

*Centon, 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.