

FILED JUN 1 1948

State File No.

Registration District No. 353

Primary Registration District No. 6196

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Sherrell
(c) Name of hospital or institution:
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 Mo (b) County Texas 109
(c) City or town Rural
(d) Street No. 57th NW of Lakely
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Jane Barkwell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow
(b) Name of husband James Barkwell 6. (c) Age of husband or wife 76
alive _____ years
Birth date of deceased Nov 3 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 7 If less than one day _____
by _____ min

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Count Edwards

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

14. Maiden name Mary Denny

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

16. (a) Informant Irish Robinson

(b) Address Sherrell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-48
(Month) (Day) (Year)

(c) Place: burial or cremation Shales Cen

18. (a) Signature of funeral director Smith

(b) Address 5-15-48

19. (a) 5-15-48 (Date received local registrar) (b) Palmera Nesse (Registrar's signature) 3711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 year 1948 hour 2 minute 45 AM/PM

21. I hereby certify that I attended the deceased from Apr. 9 1948 to Apr. 10 1948
that I last saw him/her alive on Apr. 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis in Arterio Sclerosis

Due to _____
Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 95

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 time of place) (c) Means of injury _____
23. Signature W. J. Reed (M.D. or other) _____
Address Ticking Date signed 4/14/48

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

JUN 16 1948

RECEIVED
5-28-48
District Health Officer No. 5,
District File Number 548369
5-28-48
Date Filed

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 Embert Ferguson
Licensed Embalmer No. 3945
P. O. Address Lehigh 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.