

No. 2  
1/47  
17-39

28856

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 24 1948  
Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 235

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

1. PLACE OF DEATH:  
(a) County... Boone  
(b) City or town... Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Noyes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 3 Days (Specify whether  
In this community... Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Boone 10  
(c) City or town... Columbia 2  
(If outside city or town limits, write "RURAL")  
(d) Street No... 810 Belmont St. 7  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME... GEORGE WASHINGTON BARKWELL  
3. (b) If veteran, name war... None  
3. (c) Social Security No. None

4. Sex... Male  
5. Color or race... White  
6. (a) Single, widowed, married, divorced... Divorced  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased... 12 - 22 - 1874  
(Month) (Day) (Year)

8. AGE:  
Years Months Days If less than one day  
73 8 21 hr. min.

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

10. Usual occupation... Owner of Barkwell Feed and Coal Co

11. Industry or business.....  
12. Name... Unknown  
13. Birthplace... Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name... Unknown  
15. Birthplace... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant... Jack Whitlock  
(b) Address... Highway 63, Columbia, Mo.

17. (a) Burial (b) Date thereof... 9-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Columbia Cemetery

18. (a) Signature of funeral director... Parker Funeral Service  
(b) Address... Columbia, Mo.

19. (a) 9-14-48 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Sept. day... 13  
year... 1948 hour... 4 minute... 40 P. M.  
21. I hereby certify that I attended the deceased from Sept 7, 1948  
to Sept 13, 1948  
that I last saw him alive on Sept 15, 1948  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death... Cerebral Hemorrhage  
Due to... Hypertension.

Due to...  
Other conditions... (Include pregnancy within 3 months of death)  
83A

Major findings: Of operations...  
Of autopsy...  
PHYSICIAN  
Underline the cause of 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?..... Means of injury.....

23. Signature... Robert H. Simpson (M. D. or other)  
Address... Columbia MO Date signed... 9/14/48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 23 1948

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

*Thas L. Zaring*

Licensed Embalmer No.

*4132*

P. O. Address

*Columbia, 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.