

S. No. 2  
M-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31726

State File No. ....

Registrar's No. 182

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
309 E. OHIO ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY  
(c) City or town CLINTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 309 E. OHIO  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM HENRY BARKLEY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife IZETTA BARKLEY 6. (c) Age of husband or wife if alive DEAD years  
7. Birth date of deceased JAN 25 1863 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 14 year 1943 hour 4:20 minute P.M.

21. I hereby certify that I attended the deceased from 1-13, 1941, to 9-14, 1943  
that I last saw him alive on 9-14, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
80 7 19 hr. min.

9. Birthplace Norton Ohio (City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business M

12. Name ESSAC BARKLEY

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs Carl Sherman

(b) Address 309 E. Ohio St - Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Fern

18. (a) Signature of funeral director W. A. Gausman

(b) Address Clinton Mo

19. (a) Sept 16 1943 (Date received local Registrar) (b) Georgia Kitchen (Registrar's signature)

Immediate cause of death Chronic Myocarditis 2 yrs. duration  
Senility unknown

Due to .....

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

While at work (Specify type of place) (c) Means of injury

23. Signature Esquere Webb (M. D. or other) MD  
Address Clinton Mo Date signed 9-15-43

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

RECEIVED

City No. 7,  
9-43-1003  
Date Filed 10-7-43

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**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 H. L. Vansant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton 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.**