2
40
39
23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15153

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 121

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2101 Owens Avenue 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Floyd Laurel Barley
3. (b) If veteran, name war
3. (c) Social Security No. 490-07-9495
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Idella Barley
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased April 25, 1913 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
27	11	9	hr. min.

9. Birthplace Hannibal Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business International Shoe Company
MOTHER FATHER
12. Name Dave Barley
13. Birthplace Lincoln County Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Burdie Collins
15. Birthplace Lincoln County Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Burdie Moore
(b) Address 628 Willow St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet
18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal
19. (a) 4-7-41 (Date received local registrar) (b) H. C. Fischer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1941 hour 9 minute 20 A. M.
21. I hereby certify that I attended the deceased from Mar. 30, 1941, to Apr. 4, 1941; that I last saw him alive on Apr. 4, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Compound fracture of right ankle with Gas-Bacilli	
Due to infection of amputation of right leg through thigh	5 days
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) Accident
(b) Date of occurrence March 30 - 1941
(c) Where did injury occur? near Monroe City - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm - Horse fell on leg - while riding
While at work? no - (e) Means of injury
23. Signature E. R. Motley M.D. (M.D. or other)
Address Hannibal, Mo. Date signed Apr 5 41

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1949

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 Crawford Smith

Licensed Embalmer No. ~~[illegible]~~ 3814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.