

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40699

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 302

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution Ellis St. Louis State Cancer Hosp.
(d) Length of stay: In hospital or institution 23 days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(d) Street No. 626 Sexton Rd.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Ross Barkwell
3. (b) If veteran, name war 0 3. (c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December, day Tues., 19 1944 year, hour 7 minute 15 a.m.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sally Barkwell 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 26 1981

21. I hereby certify that I attended the deceased from 10-27, 1944, to 12-19, 1944, that I last saw him alive on Dec. 19, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 4 Days 23 If less than one day 0 hr. 0 min.

Immediate cause of death ileus
Due to multiple myeloma
Due to 0

9. Birthplace Boone County, Missouri
10. Usual occupation Teamster

Other conditions 53
Major findings: Of operations 0
Of autopsy Plasma cell myeloma

11. Industry or business 0
12. Name Mrs. Henry Barkwell
13. Birthplace Boone County, Missouri
14. Maiden name Margaret Watson
15. Birthplace Boone County, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

16. (a) Informant Albert Ross Barkwell
(b) Address 626 Sexton Rd.
17. (a) Burial (b) Date thereof Dec 19 1944
(c) Place: burial or cremation Memorial Park Cem.

While at work? 0 (Specify type of place) 0 (c) Means of injury 0

18. (a) Signature of funeral director P. O. White
(b) Address Columbia, Mo.
19. (a) 12-19-44 (b) Edna A. Barber

23. Signature Nathaniel D. Long (M. D. or other) M.D.
Address No. State Ca. Hosp. Date signed 12/19/44

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

0
2
4

129
12/27/44

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

DEC 28 1944

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 *[Signature]*

Licensed Embalmer No. 3183

P.O. Address Calumet, 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.