V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12665

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 143

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural R.F.D. 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: 14

(a) State Mo (b) County Callaway

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Calwood, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME ALVIN Lee BARCLAY

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

4. Sex MALE 0 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased JAN (Month) 5 (Day) 1947 (Year)

8. AGE: Years ____ Months 3 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace FULTON (City, town, or county) MO (State or foreign country) 0

10. Usual occupation BABY

11. Industry or business ____

FATHER
12. Name JOHN HENRY BARCLAY
13. Birthplace QUEEN CITY (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name MARY THORP
15. Birthplace FULTON (City, town, or county) MO (State or foreign country) 0

16. (a) Informant JOHN BARCLAY
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr. 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest Fulton

18. (a) Signature of funeral director Glen G. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) Apr. 15 1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1947 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__;
that I last saw ____ alive on ____ 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Dead
Lea
apparently having
Due to Smothered 14
Due to 11
Other conditions although had a deep
(Include pregnancy within 3 months of death) Cold with difficult
Major findings: Of operations breathing
Of autopsy No attending phys

Duration

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

22. If death was due to external causes, fill in the following: 14

(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? ____ (e) Means of injury 3

23. Signature M. Garrett Coroner (M. D. or other)

Address Fulton Mo Date signed 4/15

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number ~~4-32-47~~
Date Filed 4-23-47

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 Glen Y. Mangin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.