

REG 25 1941
Registration District No. 266

Primary Registration District No. 5318

1. PLACE OF DEATH:

(a) County Dent Co.
(b) City or town Rural Waltham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 (Specify whether years, months or days)
In this community 12

8. (a) PRINT FULL NAME AGATHA BARROW

3. (b) If veteran, 1 name war 1 3. (c) Social Security No. 1

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Rob. Barrow 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased 5 (Month) 13 (Day) 1875 (Year)

8. AGE: Years 65 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Dent Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name W. Raggen
13. Birthplace Dent Mo. (City, town, or county) (State or foreign country)
14. Maiden name Susan Raggen
15. Birthplace Dent Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W E Myers

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-26-41 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Robert Shankham

(b) Address Salisbury Mo.

19. (a) January 24 1941 (Date received by local registrar) (b) T. E. Butler M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent
(c) City or town Rural Waltham (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 22, 1941, to Jan 22, 1941, that I last saw her alive on Jan 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Branchio. Pneumonia Duration 7 days

Due to Influenza
Due to 37 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none made

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?

2 1/2 (Specify type of place) While at work? (e) Means of injury

23. Signature P. E. Kelly (M. D. or other)

Address Salisbury Mo. Date signed 12/4/41

RECEIVED

District Health Officer No. 5,

District File Number 241270

Date Filed _____

MASSACHUSETTS

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 _____

N. D. Holborn, Registered Apprentice No. _____
working under my personal supervision.

Signed N. D. Holborn

Licensed Embalmer No. 928

P. O. Address Salem, Me

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, above space should be left blank.