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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15954 4555

FILED JUN 2 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State M Iowa (b) County
(c) City or town Manila . Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Arthur J. Barrow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 18 (Day) 1868 (Year)

8. AGE: Years 73 Months 5 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) England 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Henry Barrow
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Louise Clever
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant V.A.Hart
(b) Address 412 Hawbrook Court, Kirkwood
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Manila, Iowa.
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne, Dr. Kirkwood, Mo
19. (a) MAY 26 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 8:45 minute A.M.
21. I hereby certify that I attended the deceased from May 22, 1942 to May 24, 1942 that I last saw him alive on May 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Exfoliative Dermatitis — 5 Mo.
Due to Cause unknown
Due to
Other conditions Toxic State
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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)
(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

23. Signature Andrew B. Jones (M. D. or other)
Address 3720 Washington St Louis Mo Date signed 5/24/42

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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 Louis H Popp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Popp

Licensed Embalmer No. 921

P.O. Address Kirkwood 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.