

FILED JUN 11 1942

Registration District No. **269**

Primary Registration District No. **4282**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Lawrance
(b) City or town Miller-2 mi. South East
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrance
(c) City or town Miller-2 Mi. South east
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Mary Anne Barrow

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife W. T. Barrow 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Dec. 8, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 29 X hr. X min.

9. Birthplace Stockton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name Arch Rutledge

13. Birthplace XXX Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Tennessee Galberta

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Carol Barrow

(b) Address 4036 Main, Kansas City, Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 4-8-42 (b) Anna Phinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 7 day 7
year 1942 hour 10 minute M.

21. I hereby certify that I attended the deceased from Mar 28 1942 to Apr 7 1942
that I last saw her alive on Apr 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza followed by pneumonia

Due to 330
Other conditions (Include pregnancy within 3 months of death)

Duration 10 days

PHYSICIAN

Major findings: Of operations
Of autopsy
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature L. J. Holmes M.D.
Address Miller mo Date signed 4-7-42

1182 (Licensed Embalmer's Statement on Reverse Side)

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

55
0
0

RECEIVED

District Health Officer No. 6,

District File Number 642-173

Date Filed JUN 9 1942

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.