

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22697

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 370
 (b) Township ST-FRANCOIS Primary Registration District No. 4540
 (c) City GREENVILLE (d) Street No. 1 St. 1
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. EDWARD R. BARROW St. GREENVILLE (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie H. Barrow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1890
 7. AGE YEARS 73 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1943 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Illinois

FATHER 13. NAME Marion Barrow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT H. O. Barrow
 (ADDRESS) Greenville

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenville DATE June 17 1943

19. FUNERAL DIRECTOR Paternal Funeral Home
 (ADDRESS) Greenville

20. FILED July 7 1943 Inez Bennett
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1943

22. I HEREBY CERTIFY That I attended deceased from June 12 - 1943 to June 15 - 1943
 I last saw him alive on June 15 - 1943 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Date of onset 6-12-43

Other contributory causes of importance: 83a!

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John F. Wagner M. D.
 (Address) Greenville, Mo

JUL 10 1943

JUL 23 1973

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3474

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.)