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21492

FILED JUN 9 1944
Registration District No. 9 165

Primary Registration District No. 5733

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union Rural Miss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME J. H. Fred Barlage

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Adelheid Barlage 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 20 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Barlage
13. Birthplace Germany
14. Maiden name Adelheid Engelhardt
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Edgar Barlage
(b) Address _____

17. (a) Burial (b) Date thereof 5/18/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director: E. H. O. Ottman
(b) Address Union Mo

19. (a) 5/18/44 (b) Donald W. Reger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Sept 30 to 5-15, 1944
that I last saw him alive on 5-15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary infarction
Duration 8 days

Due to Endocarditis

Due to _____

Other conditions: Nephritis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) No
(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 J. M. Denny (M. D. or other) MD
Address Ux 10x Mo Date signed 5-17-44

PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-8-44

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 E. A. Ottomano

Licensed Embalmer No. 1686

P. O. Address Union 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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13
36930

Registration District No. 115

Primary Registration District No. 5433

1. PLACE OF DEATH

(a) County Franklin
(b) City or town Rural Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

J. H. Fred Barlage

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

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

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

7. Birth date of deceased July 25
(Month) (Day) (Year)

8. AGE: Years 12 Months 9 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 15 Year 1946 Hour _____ Minute _____ M.

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

Immediate cause of death Myocardial infarction Duration 8 hrs.

Due to Endocarditis

Due to _____

Other conditions respirator
(Include pregnancy within 3 months of death)
Cholera 87610

Major findings: Of operations _____

Of autopsy 131 h

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Denny (M. D. or other) MD
Address Union Mo Date signed 6-12-46

SUPPLEMENTARY

MOTHER FATHER

113

17996