

FILED FEB 18 1945

3023

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **11**

1. PLACE OF DEATH:

Henry
(a) County **Clinton**
(b) City or town **Clinton**
(c) Name of hospital or institution **Rains Rest Home**
(If not in hospital or institution, write street number or location) **4**
(d) Length of stay: In hospital or institution **3 months**
In this community **3 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Sameul Chase Barrow**

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 **Widowed**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 28, 1864**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **18** If less than one day _____ hr. _____ min.

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

10. Usual occupation **farmer**

11. Industry or business **farming**

MOTHER FATHER { 12. Name **Sameul Barrow**
13. Birthplace **unknown**
14. Maiden name **Nancy Barmasey**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Erby Barrow**
(b) Address **Windsor, Mo.**

17. (a) **burial** (b) Date thereof **12-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
Windsor, Missouri

18. (a) Signature of funeral director **Huston-Turner**
(b) Address **Windsor, Mo.**

19. (a) **January 11, 1945** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**, 1944
year **1944** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **NOV. 1**
1944 to **Dec. 14** 19**44**
that I last saw him alive on **Dec. 14** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **CANCER OF LIVER**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **H670**

Major findings: Of operations _____

Of autopsy _____

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 **R. J. Powell** (M. D. or Other) _____
Address **Clinton, Mo** Date signed **12-28-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-45-7.8
2-8-45

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 *William M. ...*

Licensed Embalmer No. *3391*

P. O. Address *Windsor 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, fact should be so stated above.