S. No. 2
M—8-43
. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17845

FILED JUN 4 1945

Registration District No. 280

Primary Registration District No. 5962

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Iatan, Marshall Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community entire life (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Charles Earnest Barrow
3. (b) If veteran, name war xx
3. (c) Social Security No. xx

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dillian Kinder
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May (Month) 4 (Day) 1876 (Year)

8. AGE: Years 68 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Iatan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Storekeeper
11. Industry or business General store

FATHER
12. Name William F. Barrow
13. Birthplace xx (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Sarah Pemberton
15. Birthplace xx (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. C.E. Barrow
(b) Address Iatan, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24/45 (Month) (Day) (Year)
(c) Place: burial or cremation Iatan Cemetery
18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri
19. (a) 5-2-45 (Date received local registrar) (b) Mrs Clay Diffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from April 14, 1945 to April 22, 1945 that I last saw him alive on April 20, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage (Speech and left arm and leg paralysis)	8 days
Due to Hypertension	5 yrs
Due to Arterio-sclerosis	6 yrs
Other conditions xxxx (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) xxxx
(b) Date of occurrence xxxx
(c) Where did injury occur? xxx (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? xxx
While at work? xxx (Specify type of place) (e) Means of injury 0

23. Signature Lewis C. Calvert (M. D. or other)
Address Weston Missouri Date signed 4/25/45

209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Platte Co Health Dept
District File Number 6-45-47
Date Filed 6-2-45

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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.