

FILED SEP 13 1945

Registration District No.

Primary Registration District No. 3040

State File No.

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 52 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st.  
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 27  
1945 to Aug 31 1945  
that I last saw him alive on Aug 31 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to arterio-sclerosis  
Due to

Duration  
5 days  
18 hrs

Other conditions Heart  
(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) \_\_\_\_\_  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 9/1/45

3. (a) PRINT FULL NAME Harry Herbert Barron

3. (b) If veteran, name war World War 1 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora Katherine Barron 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June 12th, 1893  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 19  
If less than one day hr. min.

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

10. Usual occupation R.R. Telegraph Operator

11. Industry or business Burlington Railroad

12. Name Edmond Barron

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

14. Maiden name Amie Harlow

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

16. (a) Informant Mrs Nora Katherine Barron

(b) Address Mooreville, Missouri

17. (a) Burial (b) Date thereof 9-3-'45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mooreville, Mo.

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Aug 31 (b) Lois Ekha Curry  
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

SEP 18 1945

OCT 15 1945

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.....

Frank L. Smiley....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank L. Smiley*.....

Licensed Embalmer No. *4470*.....

P. O. Address.....

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.