

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

41586

FILED DEC 21 1945

Registration District No. 170

Primary Registration District No. 3033

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 hrs
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jennie Ethel Barlow

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elmer Floyd Barlow 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 30 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 23 hr. min.

9. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. F. Smith 1

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

14. Maiden name Salina Thomas 0

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

16. (a) Informant E. F. Barlow

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 11-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. F. Holman

(b) Address Lebanon Mo.

19. (a) 12-4-45 (b) Dr. J. Frankenburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon
(If outside city or town limits, write "RURAL") 2
(d) Street No. 219 S. Adams
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1945 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from 11/20/45, 1945, to Nov. 23, 1945.
that I last saw her alive on Nov. 23, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Brights

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1318

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 0

23. Signature H. G. Hamilton (M. D. or other) _____
Address Lebanon, Mo. Date signed 11/28/45

1463 (Licensed Embalmer's Statement on Reverse Side)

Received
Laclede County Health Unit
File No. 11-45-171
Date Filed 12/18/45

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.