

FILED APR 10 1946

Registration District No.

Primary Registration District No.

3002

State File No.

Registrar's No.

51

1. PLACE OF DEATH:

(a) County ANDRAN
(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 DAYS
(Specify whether
In this community ✓
years, months or days)

3. (a) PRINT FULL NAME MARY CATHERINE BARROW

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

4. Sex FEMALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife ED. S. BARROW 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY 25 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 25 If less than one day
hr. min.

9. Birthplace ROCKY FORD VA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name FRANK D. DEBORD
13. Birthplace VA. 1
(City, town, or county) (State or foreign country)
14. Maiden name FRANCIS FREEMAN
15. Birthplace VA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant HARRY D. BARROW
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof 3-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE PARIS

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri.

19. (a) March 22-46 (b) Blanche Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/4 MI. S. OF GRANVILLE, MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20
year 1946 hour 11 minute 50 A. M.
21. I hereby certify that I attended the deceased from Mar-6
46 to Mar-20 46
that I last saw him alive on MAR 20 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction - of whole
AT RISK OF MYOCARDIAL INFARCTION
Due to Centrally located
Myocardial infarction
Due to

Other conditions
(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)
(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)
(a) Means of injury 2
23. Signature R. W. Thompson
Address Mexico Mo Date signed 3-21-46

APR 20 1951

1946

APR 9

RECEIVED

District Health Officer No. 10

District File Number 4-46-622

Date Filed APR 3 1946

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. B. Blakey*

Licensed Embalmer No. 2614

P. O. Address.....
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.