

FILED DEC 16 1946  
Registration District No. 301

Primary Registration District No. 4450

State File No. 2063  
Registrar's No. 2063

1. PLACE OF DEATH:  
(a) County Ripley  
(b) City or town Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 years  
years, months or days)

3. (a) PRINT FULL NAME Jackson Barrows  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife unknown (deceased) 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased October 24, 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Division of Welfare

(b) Address Doniphan, Mo.

17. (a) Removal (b) Date thereof Nov. 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshalltown, Iowa

18. (a) Signature of funeral director Black-Edwards

(b) Address Doniphan, Mo.

19. (a) 11-21-46 (b) E. B. Johnston  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ripley 91  
(c) City or town Doniphan  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1946 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 16 to Nov. 20 1946  
that I last saw him alive on Nov. 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 5 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 108  
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 \_\_\_\_\_

23. Signature Clifford Johnson (M. D. or other)  
Address Doniphan, Mo. Date signed 11-21-46

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

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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.....

Licensed Embalmer No. 4357

P. O. Address Doniphan, 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.