

FILED DEC 24 1946

State File No.

39530

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 21

## 1. PLACE OF DEATH:

(a) County Cedar  
 (b) City or town Vandalia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 210 E. Park 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 at home (Specify whether \_\_\_\_\_)  
 years, months or days 45 yrs.

3. (a) PRINT FULL NAME Emily M. BARROW  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife J. O. Barrow 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased May 31 1876  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home wife

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

MOTHER FATHER { 12. Name Jamies L. Martin  
 { 13. Birthplace Pike Missouri  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Emily Shotwell  
 { 15. Birthplace Pike Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant J. O. Barrow  
 (b) Address Vandalia Missouri  
 17. (a) Burial (b) Date thereof Dec 13 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Vandalia Dec 13 1946

18. (a) Signature of funeral director W. S. Waters  
 (b) Address Vandalia Missouri  
Dec 14 1946 (b) Mattie Fugate  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4  
 (c) City or town Vandalia 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 210 E. Park 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 1  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
 year 1946 hour 1:25 minute P M.

21. I hereby certify that I attended the deceased from Nov  
 \_\_\_\_\_, 1945, to Dec 11, 1946

that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 day  
 Due to Acute Hemorrhagic Intestitis 2 wks  
menstruation  
 Due to Renal Calculus 3 wks

Other conditions Non-functional Gall  
 (Include pregnancy within 3 months of death)  
bladder Arterio-sclerosis Hypertension PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy 130  
 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?  
 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. L. Marshall (M. D. or other) D. O.  
 Address Vandalia Mo. Date signed Dec 1946

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

383

6

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1947

RECEIVED  
District Health Officer No: 10  
Dist. File Number 2-46-2327  
DEC 20 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..... *H. B. Waters* .....

Licensed Embalmer No. *4169* .....

P. O. Address..... *Vandalia 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.