

FILED JAN 15 1947

Primary Registration District No. 3032

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 26 days
(Specify whether years, months or days) entire life

3. (a) PRINT FULL NAME Edward Andrew Barlow

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Susan J. Barlow 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 10 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Cyrus Barlow
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy M. Daniel
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Barlow
(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 12-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

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

(b) Address Lebanon Mo.

19. (a) Jan 9, 1947 (b) Dr. Frankburger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1946 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from November 16, 1946, to Dec. 26, 1946
that I last saw him alive on Dec. 26 - 2:30 p.m., 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to

Due to

Other conditions Carcinoma of prostate
(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) (e) Means of injury
23. Signature W. E. Holman (M. D. or other)
Address Lebanon, Mo. Date signed Jan 8, 1947

Received 1/14/47
Laclede County Health Unit
File No. 12-46-195
Date Filed 1/14/47

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.