. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1933

Registration District No. 248 Primary Registration District No. 4369 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town ~~Rural~~ Seneca
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 83 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town ~~Rural~~ Seneca 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Laura Isabel 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 Wid.

6. (b) Name of husband or wife Williams

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 18 (Day) 1859 (Year)

8. AGE: Years 87 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Polk City (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business /

FATHER
12. Name S.B. Hanna
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Julia A. Rodney
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Bragg
(b) Address Seneca Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Galena, Kas

18. (a) Signature of funeral director W. E. Biddlecome
(b) Address Seneca, Mo

19. (a) 2-8-1947 (Date received local registrar) (b) Miss Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1947 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan Feb. 1943 to 1947
that I last saw her alive on Dec. 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 4 yrs

Due to

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature John B. Roberts (M. D. or other) DO.
Address Seneca Mo. Date signed 2-6-47

226 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 247-31

Date Filed 2-11-47

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.