

Filed JUL 10 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 231

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4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 8, Windsor
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Carter Barrow

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

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harmon C. Barrow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 27 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Wm. A. Carter

13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sally Duvall

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. F. Herrmann

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 6-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri
Huston-Turner

18. (a) Signature of funeral director _____
(b) Address Windsor, Missouri

19. (a) 6/26/42 (b) Mrs Anna Berger
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour 6:30 p m minute _____ M.

21. I hereby certify that I attended the deceased from June 19th 1942 to June 24 1942
that I last saw h. ls alive on June 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diagnosis not made
Enteric Polio Mountain Spotted Fever
or Typhus Fever Duration 2 weeks

Due to _____

Due to 39C

Other conditions Cholera nephritis
(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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John B. Carlisle M. D. (M. D. or other) _____
Address Sedalia Mo Date signed 6-26-42

RECEIVED

District Health Officer No. 8,

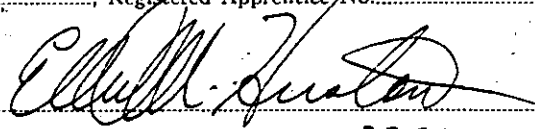
District File Number

Date Filed 7-9-42

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. 3391

P. O. Address Windsor, Me

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.