

S. No. 2
M-8.43
5-17-39
K37823

18833

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED JUN 8 1944

Registration District No. 224

Primary Registration District No. 4406

Registrar's No. 164

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Greenridge Mo.
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Pettis 80

(c) City or town Greenridge
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 1/4 M So East.
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Almeda Josephine Barrow

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1944 hour 7 minute 20 PM

21. I hereby certify that I attended the deceased from May 5 1944 to May 13 1944
that I last saw her alive on May 8 1944
and that death occurred on the date and hour stated above.

4. Sex Fe

5. Color or race White

(a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 10-7-1863
(Month) (Day) (Year)

Immediate cause of death: Chronic valvular heart disease

Duration _____

8. AGE: Years 80 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Hypertension

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Warren

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

14. Maiden name Milanda Dribble

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

Major findings: 92d

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Stella Meyers

(b) Address Greenridge Mo

17. (a) Bierial (b) Date thereof 5-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lane oak Cem.

18. (a) Signature of funeral director Ed. Williams

(b) Address Clinton Mo

19. (a) 5-15-44 (b) Mrs Stella Meyers
(Date received local registrar) (Registrar's signature)

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 H. A. Hite (M. D. or other) M.D.

Address Green Ridge, Mo. Date signed 5/15/44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-7-47

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 Fred W. Peterson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.