

FILED OCT 23 1947

Registration District No. 27 Primary Registration District No. 4218 Registrar's No. 211

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution: Community Hospital  
(d) Length of stay: In hospital or institution 5 hr.  
In this community ✓  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry 42  
(c) City or town Calhoun  
(d) Street No. 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Teddy Lee Barrow  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 11  
year 1947 hour 12 minute 0  
21. I hereby certify that I attended the deceased from Oct 11  
1947 to Oct 11 1947  
that I last saw him alive on Oct 11 1947  
and that death occurred on the date and hour stated above.

4. Sex M. O 5. Color or race W.  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Oct 11 1947  
(Month) (Day) (Year)

Immediate cause of death Congenital Heart lesion  
Blue baby  
Due to insufficient blood to lungs.  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. 5 min. 0

Duration acute  
Major findings:  
Of operations 950  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Windsor (City, town, or county) Mo (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Lewis Barrow  
13. Birthplace Calhoun (City, town, or county) Mo (State or foreign country)  
14. Maiden name Ruth Mitchell  
15. Birthplace Henry County (City, town, or county) Mo (State or foreign country)  
16. (a) Informant Lewis Barrow  
(b) Address Windsor Mo R 3.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 12 1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Calhoun Cemetery  
18. (a) Signature of funeral director R. R. Kenney  
(b) Address Calhoun Mo  
19. (a) 10-12-47 (Date received local registrar) (b) R. R. Kenney (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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature Ray A. Jordan (M. D. or other) \_\_\_\_\_  
Address Windsor Mo Date signed 10.12.47

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

RECEIVED  
DIPLOMA DEPARTMENT  
10-20-47  
9-47-1219  
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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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. Houser

Licensed Embalmer No. 3502

P. O. Address Calhoun 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.