

1939 JUL 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22409  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township Jackson Primary Registration District No. 5563A Registered No. 110  
 (c) City Callaway Mo. (d) Street No. County Farm St.  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARION L. BARROW

(a) Residence, No. Wichita Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leoni F. Barrow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 67 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Athens 1  
 (STATE OR COUNTRY) Illinois 9

13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9  
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Allen D. Hayes  
 (ADDRESS) 702 N. Devon St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Callaway Mo. DATE 6/12 1939

19. FUNERAL DIRECTOR (NAME) Wichita City Und. Co.  
 (ADDRESS) Wichita City, Mo.

20. FILED June 13, 1939 E. J. Mc Intire, M.D.  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY That I attended deceased from June 1st, 1939, to June 10, 1939  
 I last saw him alive on 6/5, 1939. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerotic heart disease with cardiac decompensation  
 Other contributory causes of importance: 95 lbs

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....

(Signed) W. J. Mc Intire M. D.

(Address) 304 Front, Callaway, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District License Number 739-1485

Date Filed JUL 13 1939

**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, myself,

or by \_\_\_\_\_

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

Signed

Clayton M. Johnston

Licensed Embalmer No. 3,920

P. O. Address Webb City, 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, above space should be left blank.**