

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **193**

MAILED NOV 15 1940

1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Barthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
911 Base  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 77 years  
years, months or days)

3. (a) PRINT FULL NAME MOSES JAMES BARLOW

8. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Martha Barlow 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 12 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>13</u>	hr. _____ min.

9. Birthplace Springfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamster

11. Industry or business 4

12. Name James Barlow

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

14. Maiden name Mary Washburn

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

16. (a) Informant's own signature J. N. Barlow

(b) Address Barthage, Mo.

17. (a) Burial (b) Date thereof Dec 28 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director W. E. Matthews

(b) Address Barthage, Mo.

19. (a) Oct 26, 1940 (b) J. J. Mc Intire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Barthage  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 911 Base  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
 year 1940 hour 4 30 pm minute 30 M.

21. I hereby certify that I attended the deceased from Jan 4 1939 to Oct 25 1940  
 that I last saw him alive on Oct 25 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to Arteriosclerosis unknown

Due to \_\_\_\_\_

Other conditions Asthma 70 yrs  
(Include pregnancy within 3 months of death)

Major findings: J. J. Mc Intire  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

8 1/2 While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of Injury

23. Signature J. J. Mc Intire (M. D. or other) MD

Address 304 Grant, Barthage Date signed 10/26/40

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

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.

FORM 1-1931

**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 *John D. Batchelder*  
Licensed Embalmer No. *4153*  
P. O. Address *Carthage 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.**