

128
FILED MAR 26 1943

Primary Registration District No. 2000

1. PLACE OF DEATH: GREENE

(a) County Greene

(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1026 College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1026 College
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Osatel Samuel Barrow

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 17 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>30</u>	<u>1</u>	<u>18</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name William Barrow

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

14. Maiden name Mary Ricketts

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

16. (a) Informant Mrs. Mary Barrow

(b) Address 1026 College Springfield

17. (a) Burial (b) Date thereof 3-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 3-6-43 (b) W.E. Albright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Feb. 26 1943 that I last saw him alive on Feb 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Tuberculosis of both lungs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature W.E. Albright (M. D. or other) _____
Address 1128 N. Jefferson Date signed 3/5-43

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

39
2
6

MOTHER FATHER

987

John Smith

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.....

Body was Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Frank Drable Jr.*

Licensed Embalmer No. *4140*

P. O. Address *Springfield, 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.