

No. 2  
1-2-43  
5-17-39  
X32627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42478  
State File No. \_\_\_\_\_  
Registrar's No. 170

FILED JAN 19 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Jackson County Emergency Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Leis Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 So Douglas St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Richard E. Barrow

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 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 (Month) (Day) (Year)

7. Birth date of deceased 3 9 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace RURAL JACKSON CO. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation GARDENER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOHN T. BARRON  
13. Birthplace Ky. (City, town, or county) (State or foreign country)  
14. Maiden name KE. LORAH HART  
15. Birthplace ILL. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ENSLEY  
(b) Address MINNEAPOLIS, MINN.

17. (a) Burial (b) Date thereof 12-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo.

18. (a) Signature of funeral director W. O. Langston  
(b) Address Leis Summit Mo.

19. (a) Dec 30, 1943 (b) W. M. Schick  
(Date received local registrar) (Registrar's full name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1943 hour 9 minute 0 P.M.

21. I hereby certify that I attended the deceased from 12-12-43 to 12-27-43  
that I last saw him alive on 12-24-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration 8-10 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 938

PHYSICIAN  
Major findings: \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) 700  
Address [Address] Date signed 1/4/44

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

JAN 18 1944

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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.....

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

Signed W. C. Langford  
Licensed Embalmer No. 3833  
P. O. Address Lee's Summit - Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**