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FILED JAN 27 1948

Registration District No. 347

Primary Registration District No. 5207

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
Southeast of Braymer, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 6 years  
years, months or days

3. (a) PRINT FULL NAME MARY EMILY BARNES

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

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

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 16, 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Carroll County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER { 12. Name George Groinger

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

14. Maiden name Mary Prager

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

16. (a) Informant Dr. John P. Crank

(b) Address Braymer, Mo.

17. (a) Burial (b) Date thereof Jan. 21, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ground Cemetery

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Mo.

19. (a) 2-5-48 (b) Pex Henderson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 17

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Southeast of Braymer, Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19  
year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from JAN. 18, 1948 to JAN. 19, 1948  
that I last saw her alive on JAN. 19, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System 20 hrs

Due to arterio-sclerosis yrs \_\_\_\_\_

Due to hypertension yrs \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature John P. Crank (M. D. or other) \_\_\_\_\_

Address Braymer, Mo. Date signed 1/20/48

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

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 Gene C. Michal

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.

Registration District No. C-387 Primary Registration District No. 5207

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town South East Braymer  
(c) Name of hospital or institution:  
(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) 6 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Carroll  
(c) City or town Braymer  
(d) Street No. South East Rural  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Emily Bamer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced div  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 16 1888  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M. 9  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min. 67  
9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name George Prager  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Mary Prager  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
16. (a) Informant Dr. John R. Crank  
(b) Address Braymer  
17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 1-2-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Blue Mount Cem  
18. (a) Signature of funeral director Gene C. Michael  
(b) Address Braymer, Mo.  
19. (a) 2-5-48 (Date received local registrar) (b) Dr. Rex Henderson (Registrar's signature)

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) (a) Means of injury \_\_\_\_\_  
23. Signature John R. Crank (M, D or other) Do.  
Address Braymer 12/2/48

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

SLIPPLEMENTARY

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