

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

**41123**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wright Registration District No. 908  
(b) Township 1 Primary Registration District No. 4549  
(c) City Mtn Grove (d) Street No. \_\_\_\_\_ 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**

500 Geneva Pauline Barney  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Barney  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-13-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 9 5  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

13. NAME Conley P. Ziem

14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Dora Hunter

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

17. INFORMANT (ADDRESS) Dr. A. A. Cliney  
Mtn Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lairview DATE Nov 18, 1939

19. FUNERAL DIRECTOR (NAME) Geppert Stapp  
(ADDRESS) Mtn Grove, Mo

20. FILED 11-10- 1939 Bernie Montgomery  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1939, to 11/8, 1939

I last saw him alive on 11/8, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Ruptured appendix Date of onset \_\_\_\_\_

Other contributory causes of importance: 121

Name of operation appendectomy Date of 11-8-39

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_ (Signed) R. A. Ryan, M. D.  
(Address) Mtn Grove, Mo

RECEIVED

District Health Officer No. 6,

District File Number 1239-2d/44

Date Filed DEC 5 1939

MAY 7 1948

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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.....

Licensed Embalmer No. 3181

P. O. Address Wm. E. Brown

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.