

FILED JAN 30 1942

Registration District No. 477 480

Primary Registration District No. 200 564

Registrar's No. 111

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

600

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural - Uniontown
(If outside city or town limits, write "RURAL" and name of township)
(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 75 yrs years, months or days

3. (a) PRINT FULL NAME Mary Katherine Bringer

3. (b) If veteran, name war -- 3. (c) Social Security No. --

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

6. (b) Name of husband or wife Henry W. Bringer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8th, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Henry Elgis

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

14. Maiden name Annie Watterbum

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

16. (a) Informant Cassie Bringer

(b) Address La Grange, Mo.

17. (a) Burial (b) Date thereof Dec. 28th, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director W. M. Roberts

(b) Address La Grange, Mo.

19. (a) 12/27/41 (b) P. W. Jennings
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 26
year 1941 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from DEC. 18, 1941, to DEC 26, 1941;
that I last saw HER alive on DEC 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death APoplexy
Due to ARTEIO SCLEROSIS

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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 W. F. Elley, M.D. (M. D. or other) 1
Address La Grange, Mo. Date signed 12/26/41

RECEIVED

District Health Officer No. 10

District File Number 1-42-74

Date Filed JAN 15 1942

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.....

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

Signed 

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.