

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 8 1948

Registration District No. 2048

Primary Registration District No. 3054

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

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

1. PLACE OF DEATH:  
 (a) County Pike  
 (b) City or town Linniana  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Pike Co Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Annstead Franklin Mabry  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex Male  
 5. Color or race white  
 6. (a) Single, widowed, married divorced widowed  
 6. (b) Name of husband or wife Emma Matley Mabry  
 6. (c) Age of husband or wife if alive 4 years  
 7. Birth date of deceased July 31 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 20  
If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Corso Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business  
 MOTHER FATHER {  
 12. Name Wm U Mabry  
 13. Birthplace Lincoln Co. Mo 1  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Green  
 15. Birthplace Lincoln Co Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabry Matley  
 (b) Address Linniana Mo

17. (a) Burial  
(Burial, cremation, or removal)  
 (b) Date thereof Jan 27 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Corso, Mo

18. (a) Signature of funeral director George Traubner  
 (b) Address Bowling Green Mo

19. (a) 1-26-48  
(Date received local registrar)  
 (b) J. E. Staley Dept  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Lincoln  
 (c) City or town Corso  
(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. 1 years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 25  
 year 1944 hour 3 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from January 23, 1944, to Jan 25, 1944  
 that I last saw him alive on Jan 24, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 61  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Of operations None  
 Of autopsy None  
 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 Aguril Barry (M. D. or other)  
 Address Bowling Green, Mo Date signed 1/26

RECEIVED

District Health Officer No. 10

District File Number 2-44-343

Date Filed FEB 7 1944

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 Grace Banford

Licensed Embalmer No. 2214

P. O. Address Bowling Green

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.