

S. No. 2  
A-8-43  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40416**

**FILED JAN 11 1946**

Registration District No. 16

Primary Registration District No. 5078

Registrar's No. 7

1. PLACE OF DEATH: Barton  
 (a) County Barton  
 (b) City or town Rural - Golden City Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lamar RFD #2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution All life 74 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County Barton  
 (c) City or town Rural Golden City Township  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Lamar RFD #2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Henry Bary  
 (b) If veteran, name war None  
 (c) Social Security No. None

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 1 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 22  
If less than one day  
 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lamar, RFD #2, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER, FATHER {  
 12. Name John Bary  
 13. Birthplace Cork, Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Frances Kunkler  
 15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Bary

(b) Address Lamar, Missouri, RFD #2

17. (a) Burial (b) Date thereof Dec 24 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Killey Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 12-22-45 (b) Brazel Pucin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Was found dead Duration \_\_\_\_\_  
about 8 am, Dec-22-1945  
by neighbors. Probably been  
dead 24 hours - Had  
not been seen since

Due to an Dec-20-1945  
had been having pain in  
left chest.

Other conditions Coronary Thrombosis  
(Include pregnancy within months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy gfw  
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 MI

23. Signature C. E. Duckett (M. D. or other) MD  
 Address Lamar Mo Date signed 12-22

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

1407

(Licensed Embalmer's Statement on Reverse Side)

Coroner Barton Co. Mo 1945

RECEIVED

District Health Officer No. 6

District File Number 146-45

Date Filed JAN 9 1946

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

*Carl F. Kowatz*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.