

S. No. 2
 M-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. **4524**
 Registrar's No. **5**

FILED MAR 8 1946

Registration District No. **15** Primary Registration District No. **5069**

1. PLACE OF DEATH: **Barton**
 (a) County **Barton**
 (b) City or town **Rural- Lamar Township**
 (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 **65 years** (Specify whether years, months or days)
 In this community **65 years**

3. (a) PRINT FULL NAME **JOSEPH RAYMOND BARY**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Agnes Cherry**
 6. (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased **April 17 1880**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **29**
 If less than one day hr. min.

9. Birthplace **Lamar, 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 **Mrs. Mary A. Bary**

(b) Address **Lamar, Missouri. RFD #2**

17. (a) **Burial** (b) Date thereof **Jan 22 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

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

(b) Address **Lamar, Missouri**

19. (a) **JAN 18 1946** (b) **Marie Konantz**
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **16**
 year **1946** hour **6** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Sept. 1**
1945 to **Nov. 16** 19**46**
 that I last saw him alive on **Nov 15** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary**
or Heart
 Due to **1 year**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **940**
 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?

(Specify type of place)
 While at work? (e) Means of injury

23. Signature **D. Guldus** (M. D. or other)
 Address **Lamar** Date signed **1. 16 46**

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

3548

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RECEIVED

District Health Officer No. 6

District File Number 246-186

Date Filed 2-28-46

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. Konantz

Licensed Embalmer No.

2247

P. O. Address

Lamar, 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.