

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24993

State File No.

Registration District No. 218

Primary Registration District No. 2013

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(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 20 Years. years, months or days)

8. (a) PRINT FULL NAME John L. O'Bryan, 165

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

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

6. (b) Name of husband or wife Nannie Kate O'Bryan. 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased: Nov. 4th. 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 18 hr. min.

9. Birthplace Cooper County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

11. Industry or business Newspaper

12. Name John L. O'Bryan.

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

14. Maiden name Unknown.

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

16. (a) Informant Mrs. J. L. O'Bryan.

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Holley

(b) Address Boonville, Mo.

19. (a) 7-24-40 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville. (If outside city or town limits, write "RURAL")

(d) Street No. 608 E. High St. (If rural, give location)

(e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22<sup>nd</sup> year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from June 9 - 40 to July 22 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma Duration

Due to irregular heart beat

Other conditions 926 (Include pregnancy within 8 months of death)

Major findings: Of operations

Of autopsy

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?

197 (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other)

\*Address Boonville Date signed 7/23/40

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

7  
2  
2

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-4-80

**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 G. F. Roller  
Licensed Embalmer No. 3067  
P. O. Address Boonville, 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, above space should be left blank.