

3. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25455

FILED AUG 9 1940

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
112 Oak St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.3 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 112 Oak St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME WALTER RANFORD O'BRYANT

3. (b) If veteran, name war _____ 8. (c) Social Security No. 491-01-0144

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

6. (b) Name of husband or wife Bessie O. Bryant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10 1890
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>49</u> | <u>8</u> | <u>25</u> | _____ hr. _____ min. |

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

10. Usual occupation Mgr. United Airc. Corp. of Tex.

11. Industry or business _____

12. Name Jaynes O. Bryant

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

14. Maiden name Maude Jane Payne

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

16. (a) Informant Fred W. Vaher
(b) Address 523 S. 1st

17. (a) Burial (b) Date thereof July 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Carphel Mortuary

(b) Address 1502 Joplin St. Joplin, Mo.

19. (a) 7-6-40 (b) Ed D. Jerne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 1 1940 to July 4 1940
that I last saw him alive on July 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death tuberculosis of lungs
Duration _____

Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?

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

23. Signature Dr. W. H. Kearns Smith (M.D. or other) C. D.
Address 407 1/2 Main Joplin Date signed 6-6-1940

40-8-823

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.