

S. No. 2
-11-10-39
5-17-39
K21402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43440

State File No. _____

JAN 25 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town _____
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community _____ years, months or days

3. (a) PRINT FULL NAME Darline Marie Bryan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 1 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Frank Bryan Jr

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

14. Maiden name Minnie Roll

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

16. (a) Informant Frank Bryan Jr

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 12/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. Laughlin Brock
(b) Address Sedalia Mo

19. (a) Dec 3, 1940 (b) Mrs. Harry Sneed
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 601 E 14
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 2, year 1940, hour 7 p.m., minute _____ M.

21. I hereby certify that I attended the deceased from 12-1, 1940, to 12-2, 1940

that I last saw her alive on Dec 2 1940, 1940

and that death occurred on the date and hour stated above. Failure of Forebrain to close up in Normal Volvulus

Due to Prnmatine Birth, Baby

lived about 20 hrs. after

Due to Birth

Other conditions: 159C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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) _____ (e) Means of injury _____

23. Signature W. H. Wheeler (M. D. or other) _____

Address Sedalia Mo Date signed 12-3-40

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

10
4
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-14-41

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.