

No. 2
11-10-39-
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6258

Registration District No. 72

Primary Registration District No. 5114

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone County
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home R.R. # 2 Sturgeon, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town R.F.D. # 2 Sturgeon 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Soll Bryson

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased May 21, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 22 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Soloman Bryson

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

14. Maiden name Mary F. Ripitue
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louisa Railton

(b) Address Sturgeon mo

17. (a) Burial (b) Date thereof Feb. 15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Spgs. Cem.

18. (a) Signature of funeral director L. J. Minter

(b) Address Boonville, Missouri

19. (a) 3-4-41 (b) Mrs. H. Gullett
(Date received from registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th.
year 1941 hour 5 minute 30 A. M.

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

Immediate cause of death Cardiac Failure

Due to Carcinoma of Rectum

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____

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

23. Signature D. G. H. Jones (M. D. or other) DO
Address Sturgeon, mo Date signed 14/41

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

WPA 2333

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 Paul T. Hackney.....

Licensed Embalmer No. 3598.....

P. O. Address Moberly - 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.