No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7636

Registration District No. 1587 Primary Registration District No. 1585 Registrar's No.

900

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

1. PLACE OF DEATH:
(a) County Monroe
(b) ~~City or town~~ Rural, Woodlawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Shelby~~ Monroe 69
(c) City or town Rural, Woodlawn 0
(If outside city or town limits, write "RURAL")
(d) Street No. S. W. of Shelbina, Mo. 9 mi. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James B. Bryan
3. (b) If veteran, name war --------
3. (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 Callie Bryan
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November (Month) 9 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	18	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business -----
FATHER
12. Name Joseph H. Bryan
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Lucy Katherine Acuff
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Callie Bryan
(b) Address Clarence Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri
18. (a) Signature of funeral director E. Hayes
(b) Address ~~2-29-41~~ Shelbina, Missouri
19. (a) 2-29-41 (Date received local registrar) (b) F. Wedding (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-27-41 day
year hour 3 a.m. minute M.
21. I hereby certify that I attended the deceased from 1-4-40
, 19 , to 2-22-41, 19 ;
that I last saw him alive on 2-22-41, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Asthenia
Hypochondria for years
Due to Depression & Grief.
Due to
Other conditions
(Include pregnancy within 3 months of death)
84 PT

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?
(Specify type of place)
5 While at work? (e) Means of injury
23. Signature A. M. Wood (M. D. or other) 0
Address Shelbina Date signed 2-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-562
Date Filed MAR 10 1941

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 Me; Registered Apprentice No. working under my personal supervision.

Signed E. Hayes

Licensed Embalmer No. 1437

P. O. Address Shelbina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.