DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15530

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

**1. PLACE OF DEATH:**

(a) County PIKE

(b) City or town LOUISIANA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 122 NORTH 8TH ST. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community ENTIRE LIFE

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County PIKE 82

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

(d) Street No. 122 NORTH 8TH ST (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ORRA BRYSON HUNTER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAY (Month) 26 (Day) 1871 (Year)

8. AGE: Years 69 Months 10 Days 6 If less than one day hr. min.

9. Birthplace PIKE CO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name WILLIAM NEWTON BRYSON
13. Birthplace PIKE CO (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SUE M. READING
15. Birthplace PIKE CO (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant's own signature Mrs Charles McElwee

(b) Address Louisiana Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/4/1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ RIVERVIEW

18. (a) Signature of funeral director Harold Garner

(b) Address Louisiana Mo

19. (a) 4/2-41 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 2ND year 1941 hour 1:15 minute AM.

21. I hereby certify that I attended the deceased from ~~Feb~~ March 23, 1941 to April 2, 1941; that I last saw her alive on 4-1-41, 19 ; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 10 days |
| Due to Left Hemiplegia | 2 yrs |
| Chr. Arterio-Sclerosis | 2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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)

While at work? (e) Means of injury

23. Signature Robert L. Andrae M.D. (M. D. ~~or other~~)

Address Louisiana, Mo. Date signed 4/2/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 5-41-1016
Date Filed MAY 28 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~~ .....
J. B. Sterne, Registered Apprentice No. .....
working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.**