

AUG 29 1941

Registration District No. 852-956 Primary Registration District No. 6735-5394 Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Douglas <sup>034</sup>

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

(d) Street No. South of Cabool (If rural, give location)

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

3. (a) PRINT FULL NAME Lola Gertis Bryant

3. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1941 hour 8:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on hu at 8 am, 1941; and that death occurred on the date and hour stated above.

4. Sex F Color or race W.

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

6. (b) Name of husband or wife Albert

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Aug 12 1906 (Month) (Day) (Year)

Immediate cause of death

Hemorrhage

Lacerated throat

Self Inflicted

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

34 | 10 | 28 | hr. min.

9. Birthplace Douglas Co. Mo. (City, town, or county) Mo. 10 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Rackley

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

14. Maiden name Maud Kathorn

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

16. (a) Informant Albert Bryant

(b) Address Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Pine Flat Cemetery

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

164A

18. (a) Signature of funeral director Raymond U. Elliott

(b) Address Cabool Mo.

19. (a) July 11 (Date received by registrar) (b) Monclair Business (Registrar's signature) 976

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence July-10-1941

(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 E. Pfau (M. D. or other) \_\_\_\_\_

Address Cabool Date signed \_\_\_\_\_

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

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**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 *Gaylord Vellist*  
Licensed Embalmer No. 2252  
P. O. Address *Carol Ma*

**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.**