

Registration District No. 556

Primary Registration District No. 5751

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Ravanna
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural. 2 miles west Ravanna, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. Native born (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Allen Bryan
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. 16 day 16
year 1941 hour _____ minute 11 a.m.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rachel Bryan
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 3 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 13 19 41 to Sept. 16 19 41
that I last saw him alive on Sept. 16 19 41
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 3 13 _____ hr. _____ min.

Immediate cause of death
Cerebral Hemorrhage, left middle with paralysis right arm and leg-with aphasia.
Due to Atherosclerosis.
Duration 4 days
5 1/2

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

Other conditions Early senile degeneration.
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Fielding Bryan
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Hunter
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rachel Bryan
(b) Address R3 Princeton Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? _____

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

(c) Place: burial or cremation Wisner

18. (a) Signature of funeral director Noel Moss
(b) Address Princeton Mo

23. Signature A.S. Eristow (Specify type of place) _____
Bristow Bldg. Princeton Mo. (M. D. or other) M.D.
Address _____ Date signed 9/17-41

19. (a) 9/17-41 (b) J.M. Petty
(Date received local registrar) (Registrar's signature)

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

5000

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 Hael Trass
Licensed Embalmer No. 2624
P. O. Address Princeton - 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, fact should be so stated above.