No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1941

Registration District No. 744

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35896

Primary Registration District No. 5976 B.

Registrar's No. 95

**1. PLACE OF DEATH:**

(a) County Ray

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

(c) Name of hospital or institution: Home
(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 about 40 yr.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ray 89

(c) City or town Richmond Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? d (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Chalmers Bryce

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 Married

6. (b) Name of husband or wife John W. Bryce

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar. 23, 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Torphichen (City, town, or county) Scotland (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Alexander Chalmers
13. Birthplace Torphichen (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Catherine Cunningham
15. Birthplace Torphichen (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Helen Broyce
(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director E. Thurman
(b) Address Richmond Mo.

19. (a) Oct. 30-41 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 28 year 1941 hour 9 minute 45, A. M.

21. I hereby certify that I attended the deceased from April 1, 1941 to Oct 28 1941 that I last saw him alive on Oct 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H6D

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 L. D. Greene (M. D. or other)
Address Richmond Mo. Date signed Oct. 30, 1941

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1942

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 11-13-41

## 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 E. Harrison

Licensed Embalmer No. 9073

P. O. Address Richmond Va

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

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