

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38299

State File No. \_\_\_\_\_

Registrar's No. 99

DEC 12 1941  
Registration District No. 327

Primary Registration District No. 5445

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

1. PLACE OF DEATH: Green Washington, Mo.  
 (a) County Green Washington, Mo.  
 (b) City or town Rogersville Mo., R.R.  
 (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 3.5 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Green  
 (c) City or town Rogersville Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hellie A. Bryant  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced widow  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 23 1880  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Wm J. Gray  
 13. Birthplace Mo. (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Perry  
 15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mark Bryant

(b) Address Rogersville Mo., R.R.

17. (a) Buried (b) Date thereof (Month) (Day) (Year)  
 (c) Place: burial or cremation Hazlewood

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Crack Mo.

19. (a) 12-41 (Date received local registrar) Mrs. Paul H. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 8  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Oct 1  
2 1941 to Nov 8 1941  
 that I last saw her alive on \_\_\_\_\_ 19\_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Retroperitoneal Sickle Cell Sarcoma  
 Due to Origin of tumor not known  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings of operations Biopsy 46 hr  
 Of autopsy none

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?

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_

23. Signature Joseph L. Johnston M. D.  
 Address Springfield Mo. Date signed 11-10-41

RECEIVED

Greene County Health Office,

County File Number 41-12-111

12/9/41

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 *F. B. Chaffin*

Licensed Embalmer No. *2182*

P. O. Address *Clark, 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.