

S. No. 2  
M-1-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2334  
Registrar's No. 8

FILED FEB 18 1942

Registration District No. 334

Primary Registration District No. 4197

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

1. PLACE OF DEATH:  
(a) County HARRISON  
(b) City or town BETHANY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BETHANY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 WEEKS  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME SARAH JANE BRYANT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife JOSEPH A. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10 30 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HARRISON Co., MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name JOHN LEWIS  
13. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)  
14. Maiden name ANTECIA JANE JUSTICE  
15. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Lewis  
(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 1/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MIRIAM CEMETERY

18. (a) Signature of funeral director L.M. Hess  
(b) Address Bethany, Mo.

19. (a) Jan 31 1942 (b) J. M. Burrows  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23  
year 1942 hour 9 minute P.M.  
21. I hereby certify that I attended the deceased from July 19 1941 to Jan 23 1942  
that I last saw her alive on Jan 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration 6 MON.  
Due to Carcinoma of stomach 1 year

Due to \_\_\_\_\_  
Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy no  
PHYSICIAN H. B.  
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) (a) Means of injury 1  
23. Signature W. F. Broyles (M. D. or other) \_\_\_\_\_  
Address Bethany Mo. Date signed 1-24-42

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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..... *J. H. Huss* .....

Licensed Embalmer No. *2861* .....

P. O. Address *Bethany, 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.**