

FILED APR 8 1942

State File No. _____

Registration District No. 773 714

Primary Registration District No. 5949

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Rural (Tavern Township)
 (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 Life
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski 85
 (c) City or town Crocker (Rural Tavern Township)
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Rebecah Bryan
 3. (b) If veteran, name war X
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 25
 year 1942 hour 11 minute 30 a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elbert Walter Bryan
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: July 9, 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 2, 1941, to Feb 24, 1942
 that I last saw her alive on Feb 24, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 7 Days 16
 If less than one day hr. _____ min. _____

Immediate cause of death primary Bronchiopneumonia
 Duration 7 days

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

Due to Obesity
 Due to _____

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) 107

MOTHER FATHER {
 11. Industry or business _____
 12. Name Jesse Carmack
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Decker
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ruth Turpin
 (b) Address Crocker, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 2/27/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crocker Cem.

(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? _____

18. (a) Signature of funeral director J. L. Hoops & Sons.
 (b) Address Crocker, Mo.

23. Signature John A. McMichael (Specify type of place) _____ (M. D. or other) D.O.
 While at work? _____ (Specify type of place) _____
 Address Crocker, Mo. Date signed 2/27/42

19. (a) 2/28/42 (b) Chas McLeod
 (Date received local registrar) (Registrar's signature)

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

1500

APR 9 1942

RECEIVED

Pulaski County Health Officer

File Number 342-111

Date Filed 3-15-42

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 Paul B. Hoops
Licensed Embalmer No. 3261
P. O. Address Crocker, 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.