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M—4-13-40
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 325

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31498

State File No.

Primary Registration District No. 4477

Registrar's No. 25

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1. PLACE OF DEATH
(a) County Schuyler
(b) City or town Glenwood
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Glenwood
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Buel H. Bryan
3. (b) If veteran, name war —
(c) Social Security No. —

Sex	5. Color or race	6. (a) Single, widowed, married, divorced
M 0	W	2 divorced w divorced

6. (b) Name of husband or wife: Bertha Bryan
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March (Month) 5 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
59	6	22	hr. min.

9. Birthplace Schuyler Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Standard Oil Co Employee
11. Industry or business

FATHER
12. Name John W. Bryan
13. Birthplace Davis Co (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mary Mitchell
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs Laura Bryan Roberts
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Glenwood Mo
18. (a) Signature of funeral director Morehead's
(b) Address Lancaster Mo
19. (a) Sept 29 1942 (Date received local registrar) (b) C.D. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1942 hour 6 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept 24, 1942, to Sept 27, 1942;
that I last saw h alive on Sept 27, 1942;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage
Due to: High Blood Pr...
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations 420
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature R E Vaughn (M. D. or other) D.O.
Address Lancaster Mo Date signed Sept 28 1942

(Licensed Embalmer's Statement on Reverse Side)

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No..... Primary Registration District No..... Registrar's No.....

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
(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 years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL.")

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

(e) If foreign born, how long in U. S. A.?.....years.

3. (a) PRINT FULL NAME.....

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of decreased.....
(Month) (Day) (Year)

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

9. Birthplace.....

10. Usual occupation.....

11. Industry or business.....

12. Birthplace.....
(State or foreign country)

13. Maiden name.....

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

(a) Informant.....

(b) Address.....

(Initial, cremation, or removal) (Month) (Day) (Year)

P. O. Address.....

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

10. DATE OF DEATH: Month.....day.....year.....hour.....minute.....M.

11. I hereby certify that I attended the deceased from.....19.....to.....19.....; that I last saw h.....alive on.....19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....
(Duration)

Due to.....

Due to.....

Other conditions.....
(Any within 3 months of death)

PHYSICIAN

Major findings:
(At autopsy)

Underline the cause to which death should be charged statistically.

12. 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)

(Licensed Embalmer's Statement on Reverse Side)

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

EMBALMER

Trust Minnie Morehead, Registered Apprentice No.....

working under my personal supervision.

Signed Trust Minnie Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Kansas City 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.

RECEIVED
District Health Officer No. 10
District File Number 10-42-1919
Date Filed OCT 12 1942

WHITE PAPER—USE LEADING BLACK AND PERMANENT RECORD

S. No. 2
d—4-13-40
v. 5-17-39
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