V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9485

State File No.

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: East Pleasant.
(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 Bates

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bryan London

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 16 (Day) 1883. (Year)

8. AGE: Years 59 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Butler (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Bryan Uriah London.
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country) 1

MOTHER
14. Maiden name Lora Alabama Dunning
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs Lora London
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof February 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver
(b) Address Butler Mo

19. (a) Feb. 18, 1943 (Date received local registrar) (b) Mrs Marvin Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 10th, 1943 to Feb 15, 1943 that I last saw him alive on Feb 14th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Chronic arteriosclerosis and nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 13 A

Major findings:
Of operations

Of autopsy

Duration

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 La Hue (M. D. or other) O Md

Address Butler, Mo. Date signed 2/18/43

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Registration Number 2-43-108
Date Filed 3-10-43

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler 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.