

Registration District No. 364

Primary Registration District No. 4533

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Warren  
 (b) City or town Wright City in Holtzcliff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (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

3. (a) PRINT FULL NAME Margaret Ann Bryan

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

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

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

7. Birth date of deceased January 29 1856  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Schoolteacher

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

12. Name Clara Bryan

13. Birthplace Mathiasville Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Olivera Porter

15. Birthplace Buffalo New York  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. M. M. Bryan

(b) Address 5757 Mabuda Ave. Linden

17. (a) Burial (b) Date thereof 3/20/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem.

18. (a) Signature of funeral director Hoburg & Co

(b) Address Wright City Mo.

19. (a) 3/19/43 (b) Julius Dieburg  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren  
 (c) City or town Wright City  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
 year 1943 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from January 43  
1941, to March 18, 1943  
 that I last saw her alive on March 18, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Failure (i.e. myocardial infarct)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Paul Belasen (M. D. or other) \_\_\_\_\_

Address Wright City, Mo. Date signed 3/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Julius J. Dieburg.....  
Licensed Embalmer No. 3366.....  
P. O. Address Wright 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, above space should be left blank.**