

S. No. 2
M-2441
5-17-39
X22724

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14524

State File No.

DEAD MAY 13 1943

Registration District No. 255

Primary Registration District No. 3127

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jasper, Mo.

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

(c) Name of hospital or institution 1314 N. Aylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1314 N. Aylor
(If rural, give location)

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

3. (a) PRINT FULL NAME John W. Bryan

3. (b) If veteran name war 1

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 7:50 minute 0 M.

21. I hereby certify that I attended the deceased from March 10 1943 to April 8 1943
that I last saw him alive on April 7 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarahtha Bryan

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 30 1862
(Month) (Day) (Year)

Immediate cause of death Cardiovascular renal disease - chronic

Due to prostatitis &c

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131A

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>80</u> | <u>7</u> | <u>9</u> |hr.....min. |

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace " (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 Madellie Baldwin

(b) Address Madison City

17. (a) Burial (b) Date thereof Apr 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerwell Cem.

18. (a) Signature of funeral director Madellie Baldwin

(b) Address Madison City

19. (a) Apr. 9 1943 (b) Madellie Eagle
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury 0

23. Signature R. W. Stormont (M. D. or other)

Address Webb City Mo Date signed 4/9/43

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

49
26

43-4-373

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 myself
....., Registered Apprentice No.....
working under my personal supervision.

Signed Chayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.