

FILED JUN 29 1943
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Wallace
(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 ROBERT HENRY BRYAN

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Alice Bryan 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec 25 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>11</u>	hr. _____ min.

9. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired banker

11. Industry or business _____

12. Name Cap Bryan

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

14. Maiden name LOU Curtis

15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Bryan
(b) Address Wallace, Mo.

17. (a) burial (b) Date thereof 6/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Heaton Betts & Bowman
(b) Address St. Joseph, Mo.

19. (a) June 7, 1943 (b) Rose Gering
(Date received local registrar) (Registrar's signature)

1253 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 9 minute 45 AM M.

21. I hereby certify that I attended the deceased from 6-1-43
_____ 19____ to 6-6-43 19____
that I last saw him alive on 6-6-43
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations no
Of autopsy no

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) Means of injury _____
23. Signature W. M. Lachar (M. D. or other) MD
Address 731 Ferguson Date signed 6-7-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address St Joseph 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.

EXPIRES