

FILED JUN 24 1943

Registration District No.

Primary Registration District No. 6189

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Dickens, Mo. Sur on
(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 Several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Taney
(c) City or town Dickens (Swain Top)
(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 none

3. (a) PRINT FULL NAME Mary E. Bryan
3. (b) If veteran, name war..... No.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 5:35 minute P M.
21. 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.

4. Sex F 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 Oct 17 1893
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Due to Coronary thrombosis
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years 89 Months 7 Days 4 If less than one day..... hr..... min.
9. Birthplace Merice Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House keeper

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.....

MOTHER FATHER {
11. Industry or business.....
12. Name Robert J. Barnhart
13. Birthplace mo (City, town, or county) (State or foreign country)
14. Maiden name Francis E. Adair
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mabel E. Bryan
(b) Address 571 S. Buntley Alb. 7. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Dickens Cemetery
18. (a) Signature of funeral director Mr. Charles Yum None
(b) Address Taney Miss Mo
19. (a) May 22-43 (Date received local registrar) (b) Jeanette Davis (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 5/27/43

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

106
00

106

Duration
2 1/2

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

46 lb

RECEIVED

District Health Officer No. 6,

District File Number 643-700

Date Filed JUN 22 1943

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 Lawrence L. Hall
.....
Licensed Embalmer No. 2784
.....
P. O. Address Geneville 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.