

S. No. 2
4-5-42
5-17-39
-1 X352

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35495

State File No.

Registrar's No. 178

FILED NOV 5 1943
Registration District No. 207

Primary Registration District No. 4374-5756

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Belle RFD #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME ENSLEY-JONES-BRYAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva Clark Bryan 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 20 - 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John F. Bryan
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mason
15. Birthplace Osage Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E J Bryan

(b) Address Belle Mo RFD

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 10-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Stagis Chapel

18. (a) Signature of funeral director L. E. Mott

(b) Address Lebanon Mo

19. (a) 10-7-43 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Belle RFD (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 9/18/43 19 to 9/29/43 19
that I last saw him alive on 9/29/43 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 5 days
Chronic Nephritis 3 yrs

Due to Chronic Nephritis 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1316
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 R. H. Schenckels (Date or other)

Address Belle, Mo Date signed 9/30/43

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

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..... *Vernon Morton*

Licensed Embalmer No. *405*

P. O. Address..... *Linn*

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.