No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39383

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 156

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada-Wash Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 years 10 mo 12 d.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. unknown
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME AUSTIN-CHARLES-O'BRYAN

3. (b) If veteran, name war no

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 Bertie Warren

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

7. Birth date of deceased April (Month) 13 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	20	— hr. — min.

9. Birthplace Mead County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation formerly farmer

11. Industry or business none

FATHER
12. Name Philip O'Bryan
13. Birthplace Mead County Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julina Molohan
15. Birthplace Mead County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp

(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 3rd 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Okla.

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo

19. (a) 11-3-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1943 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 1939 to Nov 2 1943
that I last saw him alive on Nov 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions Manic-depressive Insanity
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Paul L. Barone (M. D. or other)

Address State Hosp 3 Date signed Nov 3, 1943

1331

(Licensed Embalmer's Statement on Reverse Side) Nevada, Mo

RECEIVED
District Health Office No. 7
District File Number 11-43-1295
Date Filed 12-6-43

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. K,

working under my personal supervision.

Signed Mack A. Braswell.

Licensed Embalmer No. 2529.

P. O. Address Nevada 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.