

S. No. 2
DM-243
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

49046
State File No. _____
Registrar's No. 284

FILED JAN 27 1944
Registration District No. _____

Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: 1030 E. High St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: 2 1/2 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 1030 E. High St.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Edna Bryant
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21
year 1943 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oscar
1943 to 12/21 1943
that I last saw her alive on 12/21 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 19 1952
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
91 1 2 _____ hr. _____ min.

9. Birthplace La Grange, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife;
11. Industry or business _____
12. Name James L. Angus
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Sherley Comstock
(b) Address Jefferson City, Mo.
17. (a) Burial & Removal (b) Date thereof 12/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Victor Bensch
(b) Address Jefferson City, Mo.
19. (a) 12-22-43 (b) Therma Richter
(Date received local registrar) (Registrar's signature)

23. Signature W. R. Aldridge (M. D. or other) _____
Address Jefferson City, Mo. Date signed 12/21/43

(12-29-43)

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.....
working under my personal supervision.

Signed..... *Victor Burescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.