S. No. 2
DM—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 322

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33358

Primary Registration District No. 3077 L. 1

Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Slater -- Rural (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Saline

(c) City or town: Slater Rural (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: Polly Davis Bryson

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: Wh

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: June (Month) 10 (Day) ~~1940~~ (Year)

8. AGE: Years: 78 Months: 6 Days: 16 If less than one day: hr. min.

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

10. Usual occupation: Home

11. Industry or business:

FATHER 12. Name: Prewitt

FATHER 13. Birthplace: (City, town, or county) Tenn (State or foreign country)

MOTHER 14. Maiden name:

MOTHER 15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Chas. Bryson

(b) Address: Slater Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Slater Mo.

18. (a) Signature of funeral director: Hill Brothers

(b) Address: Slater Mo.

19. (a) 1-5-44 (Date received local registrar) (b) Mrs. John Gigu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 26th year: 1943 hour: 2 minute: 0 P.M.

21. I hereby certify that I attended the deceased from Dec-19-, 1943, to Dec-26, 1943 that I last saw her alive on Dec-26-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to: Influenza	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: —	

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): —

(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: M. C. Duggins (M. D. or other)

Address: Slater Mo. Date signed: 12/29/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-47

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, xxx.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.