

FILED FEB 14 1944

Registration District No. **68**

Primary Registration District No. **5-267**

Registrar's No. **1**

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

1. PLACE OF DEATH

(a) County Christian  
(b) City or town Highlandville Mo.  
(If outside city limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: North Ballouay Tower  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

John W. Bryan

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Maud Bryan 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Dec 25 - 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business

12. Name John W. Bryan  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name None known  
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant W. L. Bryan  
(b) Address Ozark Mo, R.R.  
17. (a) Buried (b) Date thereof Jan 4 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wear's Cemetery

18. (a) Signature of funeral director T. B. Chaffin  
(b) Address Ozark Mo.  
19. (a) 2-4-44 (b) Mabel Mapes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2<sup>nd</sup>  
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 11, 1943, to Dec 29, 1943  
that I last saw him alive on Dec 29, 1943  
and that death occurred on the date and hour stated above

Immediate cause of death Angina Pectoris

Due to unknown

Due to \_\_\_\_\_

Other conditions 948  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. R. Farthing (M. D. or other) \_\_\_\_\_  
Address Ozark Mo. Date signed 1-25-44

RECEIVED

District Health Officer No. 6,

District File Number 244-186

Date Filed FEB 11 1944

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

*F. B. Chaffin*

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.