

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3334

Registration District No. 107 Primary Registration District No. 4258 State File No. _____ Registrar's No. 141

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(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 _____ (Specify whether)
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Edina
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederica Susana Bryson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 30 year 1943 hour 9 minute 30 AM/PM
21. I hereby certify that I attended the deceased from Jan 1 to Dec 30 1943 that I last saw her alive on Dec 29 1943 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb - 24 - 1860
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 10 yrs
Due to Toxic border
Due to _____

8. AGE: Years 83 Months 10 Days 6 If less than one day _____ hr. _____ min.
9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Homekeeper

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
12. Name William Perry Bryson
13. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Isabella Jane Davis
15. Birthplace uk Pennsylvania
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nellie Scherrod
(b) Address Edina Mo
17. (a) Burial (b) Date thereof Jan-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linville - Edina Mo.
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina Mo.
19. (a) Jan 3 1944 (b) Nellie Northcutt
(Date received local registrar) (Registrar's signature)

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 _____
Signature Mrs. Leman (M. Deacon) _____
Address Edina Mo Date signed 1/1/44

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

1142

RECEIVED

District Health Officer No. 40
District File Number 1-44-223
Date Filed JAN 17 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.....

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address. *Edina, Missouri*

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.