

FILED FEB 11 1944

State File No. \_\_\_\_\_

Registration District No. 224

Primary Registration District No. 4475

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Malta Bend  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Malta Bend 0  
(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 NAME Samuel Lester Bryan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-10-6532

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Coreen Denny Bryan 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 3rd, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>20</u>	hr. _____ min.

9. Birthplace Saline County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance salesman

11. Industry or business \_\_\_\_\_

12. Name Robert Lee Bryan

13. Birthplace Saline County Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Alberta King

15. Birthplace Saline County Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lester Bryan

(b) Address Malta Bend, Mo.

17. (a) Burial (b) Date thereof Jan. 25, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend, Mo.

18. (a) Signature of funeral director Charles Lewis

(b) Address Marshall, Mo.

19. (a) Jan 24 1944 (b) Mo. T. Westbrook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 rd  
year 1944 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 23 1944 to Jan 23 1944  
that I last saw him alive on Jan 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chr Aortitis 4 yrs

Due to Leues years

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 30g

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 Robert Westbrook (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo. Date signed 1-24-44

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

MOTHER FATHER

1215

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-9-44

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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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.**