S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

Registration District No. 321

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4555

State File No.

Primary Registration District No. 6084

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Nelson, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline 97

(c) City or town: Nelson 11 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: R.F.D. I N
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Velma Berniece Bryan

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

3. (c) Social Security No.: #

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Russell Bryan

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: June (Month) 14 (Day) 1920 (Year)

8. AGE: Years 23 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace: Kirksville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: " "

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Indiana Belle Clay
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Russell Bryan
(b) Address: Nelson, Mo. # I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: I/9/I944 (Month) (Day) (Year)
(c) Place: burial or cremation: Nelson Mo.

18. (a) Signature of funeral director: J. Leslie Swaney
(b) Address: Marshall Mo.

19. (a) 1/9/1944 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1943, to Jan 7, 1944, that I last saw her alive on Jan 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary T.B.	10 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
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): No
(b) Date of occurrence: None
(c) Where did injury occur? None (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: Robert Kennedy (M. D. or other)
Address: Marshall Mo. Date signed 1-7-44

1255

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 2-7-44

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 J. Leslie Dempsey
Licensed Embalmer No. 3235
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.