DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1944

Registration District No. 1213

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5558

State File No. 24804

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town Rural - 46
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Unnamed

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 5 hrs min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name William E. Bryan
13. Birthplace Pomona (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Louise Dotson
15. Birthplace Elk Creek (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Minnie Dotson
(b) Address Elk Creek Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Elsbs.

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 4 hour minute A. M.

21. I hereby certify that I attended the deceased from 12-30 A.M. July 14th, 1944 to 2 A.M., 1944 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth about 7 month

Due to Lack of Development

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 T. A. Baltz (M. D. ~~or other~~)

Address Date signed 7/14/44

345

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Not embalmed ..... Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24804

State File No. Aug

Registration District No. 143 Primary Registration District No. 5558 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Rural Dry Creek Twp (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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town Rural (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 Unamed Bryan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14 (Day) 1944 (Year)

8. AGE: Years Months Days If less than one day 5 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Lw E. Bryan
13. Birthplace Pomona (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Louise Dotson
15. Birthplace Elk Creek Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie Dotson

(b) Address Elk Creek Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 44 (Month) (Day) (Year)

(c) Place: burial or cremation Epps

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool, MO

19. (a) 9-5-44 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth about 7 months

Due to

Due to lack of development

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. A. Baltz (M. D. ~~or other~~)

Address Date signed

SUPPLEMENTARY

24804