

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25351

State File No.....

Registration District No. 257

Primary Registration District No. 5880

Registrar's No.....

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural 1, Hope, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At Home *C. C. ...*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

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

(d) Street No. Hope, Mo.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME John Edward 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 infant

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: July 9th, 1944  
(Month) (Day) (Year)

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

9 hr. min.

9. Birthplace: Hope Osage County  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER

12. Name John H. Bryan

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

14. Maiden name Margie Carwile

15. Birthplace Linn, Mo. R D.  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Bryan

(b) Address Hope, Mo.

17. (a) Burial (b) Date thereof 7/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agee Cemetary

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) July 21-1944 (b) Ca. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th,  
year 1944 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him alive on 7-9-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia  
Status Thymico Lymphaticus

Due to.....

Due to.....

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

Duration

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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)

23. Signature Norman W. ... (M. D. or other) DO  
Address Linn Mo Date signed 7-19-44

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

7600

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-7-44

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Embalmer*

.....  
Licensed Embalmer No.....

.....  
P. O. Address.....

**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.**