

S. No. 2
M-5-43
7-5-17-39
I X3867

FILED/OCT 19 1944
Registration District No. **372**

Primary Registration District No. **6263**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour R.F.D. 7 mi. S. Jumb
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Seymour - 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 Rose Bryant

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 6 year 1944 hour _____ minute _____ M.

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife husband 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: 2 (Month) 13 (Day) 1879 (Year)

21. I hereby certify that I attended the deceased from MAY 3rd 1944 to MAY 6th 1944 that I last saw h.c.f. alive on MAY 5th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 3 hrs

8. AGE: Years 65 Months 2 Days 22 If less than one day _____ hr. _____ min.

Due to REFUSAL TO TAKE INSULIN

9. Birthplace unknown (City, town, or county) Ill. (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 61

11. Industry or business _____

Major findings: Of operations _____

12. Name Jas. W. Richards

Of autopsy _____

13. Birthplace unknown (City, town, or county) Penn. (State or foreign country)

14. Maiden name Lea Boyer

15. Birthplace unknown (City, town, or county) ILL. (State or foreign country)

16. (a) Informant Mrs. O. Pate Tate

17. (a) burial (b) Date thereof 5-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Mo.

18. (a) Signature of funeral director F. R. Kelley

(b) Address Seymour, Mo.

19. (a) Sept 15 (Date received local registrar) (b) Silbert Jones (Registrar's signature)

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)

Means of injury 13

23. Signature Dr. J. R. Gell (M. D. or other) SO.

Address Seymour, Mo. Date signed 5/8/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1044-1070

Date Filed OCT 16 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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.