S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9410

Registration District No. 68 Primary Registration District No. 5-2-6-6-4114 Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Christian
(c) City or town: Ozark Mo 28
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Julian A. Bryant
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Nov (Month) 6 (Day) 1860 (Year)

8. AGE: Years 84 Months 2 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace: Mt. Vernon (City, town, ~~or county~~) Illinois (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
12. Name (Father): William Webber
13. Birthplace (Father): Rutherford County, Tenn. (City, ~~town, or~~ county) (State or foreign country)
14. Maiden name (Mother): Margaret Harrison
15. Birthplace (Mother): Williamson Co. Tenn. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Loretta Leonard
(b) Address: Ozark Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: Jan. 28-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ozark Cemetery
18. (a) Signature of funeral director: J. B. Chaffin
(b) Address: Ozark, Mo.
19. (a) 3-5-1945 (Date received local registrar) (b) Mabel Mapes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th year 1945 hour 7 minute 10 a.m.
21. I hereby certify that I attended the deceased from July 29, 1944 to Jan. 26, 1945 that I last saw him alive on Jan. 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart disease — Duration
Due to:
Due to:
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
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: J. H. Nadel (M. D. ~~or other~~)
Address: Ozark Mo. Date signed 2-21-45

1561

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 345-288
Date Filed MAR 1 0 1945

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.