

FILED JUN 26 1945

Registration District No. 285

Primary Registration District No. 5976

Registrar's No. _____

1. PLACE OF DEATH:

(a) County POLK
(b) City or town Adrich R2 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Jackson 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 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Perkins
(c) City or town GRANT, Nebraska
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Walter E. Bryan

(b) If veteran, name war no

(c) Social Security No. 161-16-8382

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Gertrude Parkhurst 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 3 - 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1945 hour 7 minute 50 a. M.

21. I hereby certify that I attended the deceased from May 1 1945 to June 7 1945
that I last saw him alive on June 7 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 mo

8. AGE: Years 66 Months 9 Days 4 If less than one day hr. _____ min. _____

Due to _____
Due to 94a

9. Birthplace New Sharon Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Manager Telephone Co.

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business General Manager

12. Name William A. Bryan

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Pierson

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude Bryan

(b) Address Adrich Mo R2

17. (a) Burial (b) Date thereof June 9 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo.

19. (a) June 9 - 1945 (b) Ros Stewart
(Date received local registrar) (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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature AG McLean (M. D. or other) 6/7/45
Address Balwin Mo Date signed _____

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

RECEIVED
APR 19 1961

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 Gene A. Brown

Licensed Embalmer No. 7664

P. O. Address Walnut Grove, 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.