

**FILED** OCT 8 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 14.3

Primary Registration District No. 4-5-57-5558

Registrar's No. 47

**1. PLACE OF DEATH:**

(a) County HOWELL

(b) City or town POMONA *One block from*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
FRISCO R.R. GRADE CROSSING 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community 48 YEARS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County HOWELL 46

(c) City or town "RURAL" HUTTON VALLEY TWP. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. WILLOW SPRINGS, MO., RT. 2. 0  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME LURA BLANCH BRYAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife D.O. BRYAN 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased NOVEMBER 27, 1883  
(Month) (Day) (Year)

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

61 9 28 hr. min.

9. Birthplace FULTON CO., NEBR. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ELI FAUcETT

13. Birthplace IND. 1  
(City, town, or county) (State or foreign country)

14. Maiden name MAGGIE MARSH

15. Birthplace IND. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant D.O. BRYAN

(b) Address WILLOW SPRINGS, MO. RT. 2.

17. (a) BURIAL (b) Date thereof SEPT. 28, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRISCO R.R. GRADE CROSSING

18. (a) Signature of funeral director Hal Thornburgh

(b) Address WEST PLAINS, MO.

19. (a) Sept 29 1945 (b) Stla McMillin  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month SEPT. day 25 year 1945 hour 4: minute 55 P.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. Struck by south bound train while walking across crossing. Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations 169-8

Of autopsy 30

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) ACCIDENT 46

(b) Date of occurrence SEPT. 25, 1945

(c) Where did injury occur? POMONA, HOWELL, MO.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
FRISCO R.R. GRADE CROSSING  
While at work? No. (Specify type of place) Means of injury TRAIN

23. Signature Mayme C. Thornburgh CORONER.  
Address WEST PLAINS, MO. Date signed 9/28/45

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

MOTHER FATHER

46  
60

RECEIVED

District Health Officer No. 5,

District File Number 1046-400

Date Filed \_\_\_\_\_

OCT 10 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 Hal Thornburgh  
Licensed Embalmer No. 3408  
P. O. Address WEST PLAINS, 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.