

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2093  
Registrar's No. 20

**FILED** FEB 11 1946  
Registration District No. 4

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: M. S. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days  
(Specify whether)

In this community 1 1/2 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew

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

(d) Street No. 2 mi. South Savannah  
(If rural, give location)

(e) Citizen of foreign country? no (Year No) /  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHARON Ruth BRYANT

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6  
year 1946 hour 11 minute 20 p M.

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased June 11 1945  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-5-46, 1946, to 1-6-46, 1946; that I last saw her alive on 1-6-46, 1946; and that death occurred on the date and hour stated above.

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

<u>0</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____
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Immediate cause of death Pneumonia, acute bilateral Duration 2d.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Maryville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none (Infant)

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Harry E. Bryant

13. Birthplace Ada Okla  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Lou Oliver

15. Birthplace Andrew Co Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry E Bryant

(b) Address Savannah

17. (a) B (b) Date thereof 1-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) Jan 7 1946 (b) [Signature]  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address St Joseph Mo Date signed 1-7-46

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *E. C. Breit* .....  
Licensed Embalmer No. *2650* .....  
P. O. Address. *Savannah 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.**