

STANDARD CERTIFICATE OF DEATH

State File No. **8513**

FILED 1946 9 19 1946

Registration District No. **38**

Primary Registration District No. **5120**

Registrar's No. **62**

1. PLACE OF DEATH: **BOONE**

(a) County **BOONE**

(b) City or town **COLUMBIA RURAL**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **LIFE**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE** **10**

(c) City or town **COLUMBIA** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **1613 E Broadway** **4**
(If rural, give location)

(e) Citizen of foreign country? **NO** **1** (Yes or No)
If yes, name country **XX**

3. (a) PRINT FULL NAME **EDWARD CLAY BRYSON**

3. (b) If veteran, name war **XX**

3. (c) Social Security No. **A90-07-3347**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **10th**
year **1946** hour **8:21** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **M** **0** 5. Color or race **W**

6. (a) Single, widowed, divorced, **MARRIED**

6. (b) Name of husband or wife **ETHELYN Baldwin BRYSON** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JANUARY 4th 1901**
(Month) (Day) (Year)

Immediate cause of death **Multiple injuries**

Duration _____

8. AGE: **45** Years **2** Months **6** Days **hr. min.**
If less than one day

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Due to **Train - automobile collision**

9. Birthplace **BOONE CO MISSOURI**
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

10. Usual occupation **SALESMAN**

Of autopsy **none**

11. Industry or business **OIL STATION**

12. Name **Wm Bryson**

13. Birthplace **Boone Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Iva Deon Mustain**

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

16. (a) Informant **MRS W.R. TOALSON**

(b) Address **COLUMBIA MO**

17. (a) **BURIAL** (b) Date thereof **MARCH 12th**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **COLUMBIA MO**

19. (a) **3-12-46** (b) **Mrs. R E Palmer**
(Date received local registrar) (Registrar's signature)

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** **10**

(b) Date of occurrence **March 10 - 1946**

6 Where did injury occur? **Boone Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Railroad track**

While at work? **No** (Specify type of place)

(e) Means of injury _____

23. Signature **[Signature]** (M. D. or Other) **Coroner**
Address **Columbia, Mo** Date signed **3/12/46**

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

2445

9161 6 T 90V

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-8-46

APR 30 1946

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, by

....., Registered Apprentice No.

working under my personal supervision.

Signed Lynnan H. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia 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.