

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1946
353

Registration District No.

Primary Registration District No. 6196

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

1. PLACE OF DEATH:

(a) County Woods

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 107

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

(d) Street No. 3 1/2 Mi NE of Licking
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eliza Jane Bryant

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1946 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1946 to Nov 5 1946
that I last saw her alive on Nov 4 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color of hair W

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

(b) Name of husband J. H. Bryant

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 28, 1876
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to chronic myeloid

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

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

67 1 14 hr. min.

9. Birthplace Shelb Co. MO
(City, town or county) (State or foreign country)

10. Usual occupation House work

Major findings: Of operations 131B

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Nute Davis

13. Birthplace Ark!
(City, town or county) (State or foreign country)

14. Maiden name Mrs. Sarah Smith

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

16. (a) Informant Pearl Trullinger

(b) Address Woods

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Woods

18. (a) Signature of funeral director Smith & Johnson

(b) Address Licking MO

19. (a) Nov. 11, 1946 (b) Elvora Jesse
(Date received by 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)

(e) Means of injury _____

23. Signatures L. L. ... (M. D. or other) 11/8/46

Address Licking MO Date signed _____

RECEIVED

District Health Officer No. 5,

District File Number 1146633

Date Filed 11-27-6

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 Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.