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-45
7-39
K47070

FILED DEC 26 1946

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution McCormick Hospital
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. McCormick Hospital
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BRYANT

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 14
_____ 1946, to Dec 15 1946

that I last saw him alive on Dec 15
and that death occurred on the date and hour stated above.

4. Sex Male 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: Dec-14-1946
(Month) (Day) (Year)

Immediate cause of death Pulmonary misdevelopment **Duration** 12h

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions 15AD
(Include pregnancy within 3 months of death)

9. Birthplace Proberly Missouri
(City, town or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation Infant

11. Industry or business _____

12. Name unknown

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

14. Maiden name Helen Bryant

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

16. (a) Informant Helen Bryant

(b) Address Clark Mo.

17. (a) burial (b) Date thereof Dec-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proberly Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Proberly Mo.

19. (a) Dec 16-46 (b) W. H. Williams
(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) Means of injury _____

23. Signature W. H. Williams M. D. or other? _____

Address Proberly Date signed 12/17/46

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

RECEIVED
District Health Officer No. 10
District File Number 12-46-23
Date Filed DEC 24 1948

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.

Not Embalmed,

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.