. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

Registration District No. 368

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 7632

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yrs 7 mo 6 days (Specify whether)

In this community 25 years 7 months 6 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County McDonald

(c) City or town ~~Carterville~~ 0 (If outside city or town limits, write "RURAL")

(d) Street No. Southwest City 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME BERTHA BRYANT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fem 1

5. Color or race White

6. (a) Single, widowed, married, divorced Dev. 3

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days ? If less than one day hr. min.

9. Birthplace Carterville Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace ✓ 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ✓ 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/47 (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Mo

18. (a) Signature of funeral director Parker Hunsaker

(b) Address Joplin, Mo;

19. (a) 3-3-47 (Date received local registrar) (b) Leathern Yancey (Registrar's signature) By Deputy

331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 27 year 1947 hour 12 minute 25 a M.

21. I hereby certify that I attended the deceased from 2-23, 1947 to 2-23, 1947 that I last saw her alive on 2-23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dementia Praecox	
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

163B

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. G. Hall M.D. (M. D. or other)

Address Nevada Mo 2-27-47 Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
9-27-224
3-10-47

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.