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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17154**
Registrar's No. **422**

Registration District No. **128** Primary Registration District No. **2.000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
434 South Main Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **Unknown** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **434 South Main Avenue** **6**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JAMES HENRY O'BRYANT**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maggie O'Bryant**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **August 20, 1866**
(Month) (Day) (Year)

8. AGE: Years **80** Months **9** Days **0** If less than one day
 hr. min.

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

10. Usual occupation **Retired**
11. Industry or business **Police officer and farmer**

MOTHER FATHER

12. Name **George O'Bryant**
13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Carolyn Roward**
15. Birthplace **Unknown North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maggie O'Bryant (wife)**
(b) Address **434 South Main Avenue**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/22/1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **Evergreen Cem., Republic, Mo.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **5-24-47** (Date received local registrar) (b) **W E Handley MD** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**, year **1947** hour **6:** minute **10** A.M.

21. I hereby certify that I attended the deceased from **9-16 1946** to **5-20 1947**
that I last saw him alive on **5-19 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration **3 wks.**
Due to **Arteriosclerosis, SEVERE** Underline **Indefinite**

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

Major findings: Of operations **AM**
Of autopsy _____

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? **Mo.**
While at work? (Specify type of place) (e) Means of injury **0** ✓

23. Signature **Bruce Sumner** (M. D. or other) **5-21-47**
Address **Springfield, Mo.** Date signed

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

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.....

Ferryman....., Registered Apprentice No. *479*
working under my personal supervision.

Signed *Jawell E. Wurdle*.....

Licensed Embalmer No. *2831*.....

P. O. Address *Springfield Mo*.....

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

If this body is not embalmed, fact should be so stated above.