

S. No. 2
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5-17-39
P. 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20548**
Registrar's No. **548 A**

FILED JUL 1 1947
Registration District No. **128**

Primary Registration District No. **2000**

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

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:
914 East Delmar Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Fifteen years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene **39**
(c) City or town Springfield **7**
(If outside city or town limits, write "RURAL")
(d) Street No. 914 East Delmar Street **6**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **8**
If yes, name country _____

3. (a) PRINT FULL NAME E. BURKE BRYAN
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 Lilian Bryan
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September 21, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>25</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER { 12. Name Samuel Bryan **9**

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

14. Maiden name Jane (Unknown)

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

16. (a) Informant Lilian Bryan (wife)
(b) Address 914 East Delmar Street

17. (a) Burial (b) Date thereof 6/18/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Comfort Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 6-21-47 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature) **111**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16
year 1947 hour 4: minute 00 P. M.

21. I hereby certify that I attended the deceased from June 16, 1947 to June 16, 1947
that I last saw him alive on June 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion **1-2 hrs.**
Due to Hypertension **4 yrs**
Due to Generalized arteriosclerosis **10-15 yrs**
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations: none
Of autopsies: none **94A**
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? _____

23. Signature R. C. Carroll (M. D. or other) **11**
While at work? _____ (Specify type of place) (c) Means of injury _____
Address Springfield, Mo Date signed 6-17-47

DEC 28 1958

JUL 14 1947

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 Harvey [Signature], Registered Apprentice No. 479 working under my personal supervision.

Signed Jewell E. Windle
Licensed Embalmer No. 2831

P. O. Address Springfield 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.