S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20667

Registration District No. 122 Primary Registration District No. 5455 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Greene
(b) City or town E. Republic Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Republic Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 51 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town E. Republic Twp. (If outside city or town limits, write "RURAL")
(d) Street No. Republic, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carrie Maude O'Bryant
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred W. O'Bryant
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct. (Month) 2 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	8	8	1 hr. 15 min.

9. Birthplace New Market (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name William Russell
13. Birthplace Jefferson (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Laura Jane Palmer
15. Birthplace Jefferson (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs Carolyn O'Neal
(b) Address Republic, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetry
18. (a) Signature of funeral director R. E. Thurman by E. M. Thurman
(b) Address Republic, Mo.
19. (a) June 10-1947 (Date received local registrar) (b) Florence Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10th year 1947 hour 1115 minute A1 M.
21. I hereby certify that I attended the deceased from Sep. 12th, 1945, to JUNE 10th, 1947; that I last saw her alive on JUNE 10th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to CARCINOMA of the TRANSVERSE COLON
Due to WITH METASTASIS to LIVER AND other ORGANS

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: two years

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
23. Signature R. C. Mitchell D.O. (or other)
Address Republic Mo. Date signed 6-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 47-6-61
Date Filed 6-16-47

JUL 20 1948

FEB 28 1956

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 E. M. Thurman # 3687, Registered Apprentice No.,
working under my personal supervision.

Signed R. E. Thurman by E. M. Thurman 3687

Licensed Embalmer No. 503

P. O. Address Republic, 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.