S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 6 1948

Registration District No. 132

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 41474

Registrar's No.

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1108 CUSTER ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DEKALB 32
(c) City or town CLARKSDALE 0
(If outside city or town limits, write "RURAL")
(d) Street No. ——— 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ———

3. (a) PRINT FULL NAME Charles Gentry Bryan
3. (b) If veteran, name war ———
3. (c) Social Security No. 495-01-8435

4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Helen E Bryan
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Sept (Month) 6 (Day) 1905 (Year)

8. AGE: Years 42 Months 8 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Hatchery Owner
11. Industry or business "

FATHER
12. Name Thomas Bryan
13. Birthplace Palmyra (City, town, or county) MO (State or foreign country) 0

MOTHER
14. Maiden name Danielle Glascock
15. Birthplace Hannibal (City, town, or county) MO (State or foreign country) 0

16. (a) Informant X Helen E Bryan
(b) Address Clarksdale MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MASONIC CEMETERY
18. (a) Signature of funeral director Raymond A Davis
(b) Address Trenton MO
19. (a) 12/20/47 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18
year 1947 hour ..... minute 4:45A M.
21. I hereby certify that I attended the deceased from Nov. 1-1947
..... 19..... to Dec 18 - 1947
that I last saw him alive on Dec. 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inoperable
Carcinoma of Stomach
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Wm A Fuson (M. D. or other) WD
Address Trenton MO Date signed 12-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 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 Walter E. Mayer Registered Apprentice No. 458, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Quitman 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.