No. 2
—1/47
—17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7862

State File No.

FILED APR 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 369

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community 18 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2205 Seneca Street 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ernest Roy Bryson

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-1665

4. Sex Male 0

5. Color or Race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife C. Marie Bryson

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December (Month) 30 (Day) 1903 (Year)

8. AGE: Years 44 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Table Rock (City, town, or county) Nebraska (State or foreign country) 1

10. Usual occupation Ass't Shipping Clerk

11. Industry or business Dolan Wholesale Grocery Co.

FATHER
12. Name William J. Bryson
13. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country) 0

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

16. (a) Informant Mrs. C. Marie Bryson
(b) Address 2205 Seneca St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-26-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 X 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1948 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Mch 23, 1948 to Mch 23, 1948 that I last saw him alive on Mch 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Ch	7
Due to Hypostatic Pneumonia	7
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

While at work (e) Means of injury 0

23. Signature J. M. Allaman (M. D.)

Address P.O. Bldg. Date signed 3/25/48

St. Joseph, Missouri

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Allman

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.