

S. No. 2
1-8-43
5-17-39
1 X37823

15184

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 19 1948

Registration District No. 3481

Primary Registration District No. 6179

Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan ¹⁰⁵
(c) City or town Milan Rural ⁰
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. Jackson Twp ⁰
(If rural, give location) ⁰
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hubert Justice O'Briant
(b) If veteran, name war _____ (c) Social Security No. 491-22-6849

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 5
year 1948 hour 2 minute pm M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Zelma Hagger (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Oct 18 1884
(Month) (Day) (Year)

Immediate cause of death Cardiac failure
Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 63 Months 5 Days 17 If less than one day hr. _____ min. _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
430

9. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Highway Maintenance

11. Industry or business _____

MOTHER FATHER {
12. Name James S. O'Briant
13. Birthplace don't know Mo
(City, town, or county) (State or foreign country)
14. Maiden name Melina Jones
15. Birthplace Bushnell IL
(City, town, or county) (State or foreign country)

16. (a) Informant Zelma O'Briant
(b) Address Milan Mo

17. (a) Burial (b) Date thereof 4-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City - Mo

18. (a) Signature of funeral director Rehobier
(b) Address Milan Mo

19. (a) April 14-1948 (b) Mrs. H. B. Harris
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature G. H. Dale (M. D. or other) 100
Address Newtown, Mo. Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side) Coroner of Sullivan County

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

APR 19 1948

RECEIVED

District Health Officer No. 48

District File Number 4-48-711

Date Filed APR 15 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Dwight Scherer*

Licensed Embalmer No. *2667*

P. O. Address. *Milwaukee - Wis.*

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.