FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25376

Registration District No. 10 — Primary Registration District No. 50035 — Registrar's No. 122

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Centralia, Rt. Saling (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR#2 Centralia / Saling 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 Life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Boone~~ (b) County Boone
(c) City or town Centralia, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. RR #2 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME CURINE BRYSON
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~~ Ernest Bryson
6. (c) Age of husband ~~or wife if alive~~ ..... years
7. Birth date of deceased Aug -9- (Month) (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	0	18	hr. min.

9. Birthplace Monroe Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jim A. Johnson
13. Birthplace Montgomery Co. Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Dunkin
15. Birthplace Logan Co. Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Ernest Bryson
(b) Address Centralia, Rt. Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug 29-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Centralia Mo
18. (a) Signature of funeral director Homer Jernigan
(b) Address Centralia Mo.
19. (a) 8/28/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..... 1947, to Aug. 27, 1948, that I last saw her alive on Aug. 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Spine	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55 B	
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
23. Signature [signature] M.D. (M. D. or other)
Address Centralia, Mo. Date signed 8/28/48

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

RECEIVED
District Health Officer No.
District File Number 9.48.1
Date Filed SEP 7 - 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 Moore Jernigan

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.