No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29164

Registration District No. 62 | Primary Registration District No. 5241 | Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Cedar

(b) City or town: Rural Madison (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: All of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: X (If rural, give location)

(e) Citizen of foreign country? X (Yes or No) If yes, name country: X

3. (a) PRINT FULL NAME: James H. O'Bryant

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: M 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: 2 Widower

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: December (Month) 11, (Day) 1862 (Year)

8. AGE: Years 86 | Months 9 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Stockton (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: X

MOTHER FATHER

12. Name: Joseph W. O'Bryant 1

13. Birthplace: Tennessee (City, town, or county) ____ (State or foreign country)

14. Maiden name: Margret Thompson

15. Birthplace: Tennessee (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Mrs W L Roy

(b) Address: Cane Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-13-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Stockton Cemetery

18. (a) Signature of funeral director: Church & Neale

(b) Address: Stockton, Missouri

19. (a) 9-18-48 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11, year 1948 hour 12 minute 30P. M.

21. I hereby certify that I attended the deceased from 8-14-, 1948, to 9-10-, 1948, that I last saw him alive on 9-10-, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction — Duration: days

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): Senility

Colitis

Major findings: Of operations: ____

Of autopsy: ____

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: Wm. B. Richter (M. D. or other) MD

Address: Stockton, Mo. Date signed: 9-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1115
Date Filed 9-24-48

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 James F. Gentry, Registered Apprentice No. 257, working under my personal supervision.

Signed Melvin Churchill

Licensed Embalmer No. Stockton

P. O. Address Missouri

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.