

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 14 1945

Registration District No. 1 27

Primary Registration District No. 4214-5510

Registrar's No. 108

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town DEEPWATER RURAL - FAIRVIEW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEEPWATER RURAL - JUMP!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community ALL OF LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42
(c) City or town Deepwater - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - FAIRVIEW - TWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

CECIL IRENE BRYANT

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex FEMALE race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROY BRYANT

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased MAY 7 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 21
If less than one day hr. _____ min. _____

9. Birthplace HENRY Co MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business ✓

12. Name JAMES W. CABBOWN

13. Birthplace HENRY Co MO.
(City, town, or county) (State or foreign country)

14. Maiden name ANNA MARY

15. Birthplace ANNAS BATES Co MO.
(City, town, or county) (State or foreign country)

16. (a) Informant ROY L. BRYANT

(b) Address Deepwater R. P. H. 1

17. (a) Rural (b) Date thereof 5-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truys Chapel Cem

18. (a) Signature of funeral director H. J. Vandeventer
(b) Address Clinton Mo.

19. (a) May 28 (b) Myrtle Browlee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1945 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 20, 1945, to May 28, 1945;
that I last saw her alive on May 28, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute glomerulonephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30

Major findings: Of operations _____
Of autopsy _____

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 ①

23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 5-28-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

RECEIVED

Dis. in Office No. 7
Dis. Number 5-42-574
Date Filed 6-13-42

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, ~~and~~

Registered Apprentice No. _____

working under my personal supervision.

Signed *H. J. Varsant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

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.