

Registration District No. 5-14 15 1940 Primary Registration District No. 2683 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)In this community Life
years, months or days3. (a) PRINT FULL NAME Thomas Bryan 6508. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May - 6 - 1883
(Month) (Day) (Year)8. AGE: Years 57 Months - Days 25 If less than one day _____ hr. min.9. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas J. Bryan13. Birthplace Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Jane Foster
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Marshall Bryan(b) Address Ludlow Mo17. (a) Burial (b) Date thereof June 1, 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Catherine's Cem.18. (a) Signature of funeral director Jarner Gordon(b) Address Chilledidge Ave.19. (a) 6-1-40 (b) Delia Lanning
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. Miss Ludlow Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1940 hour 8 minute 40 P. M.21. I hereby certify that I attended the deceased from May 26
1940 May 30, 1940that I last saw him alive on May 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial Degeneration
SecondaryDue to NoneOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

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? Yes(e) While at work? (Specify type of place) (a) Means of injury ✓23. Signature Steph Moore (M. D. or other) 1Address Ludlow Mo Date signed 6/1/40

RECEIVED

District Health Officer No. 11,

District File Number 640-924

Date Filed JUN 13 1940

Onorse

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.....

Donald E. Gordon

Registered Apprentice No. 223

working under my personal supervision.

Signed.....

James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe, 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, above space should be left blank.