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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35120

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 279

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution St. Mary's  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(d) Street No. Maria Edmunds Edition  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Infant Bryan  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 25  
year 1940 hour minute M.

4. Sex Fe  
5. Color race  
6. (a) Single, widowed, married, divorced  
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Oct 25, 1940, to Oct 25, 1940, that I last saw him alive on Oct 25, 1940, and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 25, 1940  
(Month) (Day) (Year)

Immediate cause of death Pneumonia  
Due to

8. AGE: Years Months Days If less than one day  
0 0 0 hr. 50 min.

Due to  
Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations  
Of autopsy

10. Usual occupation  
11. Industry or business

MOTHER FATHER  
12. Name Unknown  
13. Birthplace  
14. Maiden name  
15. Birthplace

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

16. (a) Informant V. E. Smith  
(b) Address  
17. (a) Burial (b) Date thereof Oct. 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director  
(b) Address  
19. (a) 10-28-40 (b) Registrar's signature

While at work (Specify type of place) (c) Means of injury  
Signature Date signed

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

*J. Bruce.*

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**