

S. No. 2
-11-10-39
5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42786

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 311

1. PLACE OF DEATH:

(a) County SACKBOR Co. Boone Mo.
(b) City or town ATHERTON Mo.
(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 _____ (Specify whether)
In this community 4 yr. years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Atherton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 60. years.

3. (a) PRINT FULL NAME BARBARA B. BRYANT

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Sept. 16 - 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 2 27- hr. _____ min.

9. Birthplace Chasco. Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 7

11. Industry or business _____

12. Name W. P. BROWN 7

13. Birthplace unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name JANE HUNTER

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant MARGARET O'Leh.

(b) Address ATHERTON Mo.

17. (a) Burial (b) Date thereof Dec. 15 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COURTNEY Mo.

18. (a) Signature of funeral director Gato & Spahr

(b) Address Independence Mo.

19. (a) Dec. 14, 40 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 ch
year 1940 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from Dec. 10
1940 to Dec. 13 1940
that I last saw her alive on Dec. 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Intestinal Paralysis
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 10 6

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
360 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul H. ... (M. D. or other) 3
Address Independence, Mo. Date signed 12/14/40

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

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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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Roland R. Grakes

Licensed Embalmer No. 3604

P. O. Address Independence, 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.