

No. 2
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2315

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution Algoa Prison Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. Algoa Prison Farm
(If rural, give location)

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

3. (a) PRINT FULL NAME John Bryant

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

4. Sex Male race Negro 5. Color Negro 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 June 11 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Illand, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Bryant

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

14. Maiden name Unknown

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

16. (a) Informant Algoa Prison Farm

(b) Address _____

17. (a) Removal (b) Date thereof Feb 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Illand, Missouri

18. (a) Signature of funeral director Lewis Service

(b) Address 700 Jefferson

19. (a) 2-3-41 (b) Dr. Beesford M.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour _____ minute 9:20 P. M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Jan 30, 1941; that I last saw him alive on Jan 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Encephalitis (non-epidemic) influenza Duration 3 days

Due to _____

Due to _____

Other conditions flu
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration
3 days
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John W. W. Stoney M. D. or other _____
Address Jefferson City, Mo Date signed 2/3/41

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

36
5
4

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 L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City

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.