No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15099

State File No.

Registration District No. 512 Primary Registration District No. 5-679 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Livingston
(b) ~~City or town~~ Rural Moorsville Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Moorsville Township 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Etta Bryan
3. (b) If veteran, name war —
3. (c) Social Security No. 490-10-3900
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Bryan
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Jan (Month) 18 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
35	2	26	— hr. — min.

9. Birthplace Chillicothe Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
FATHER
12. Name Marcus McNally
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Williams
15. Birthplace Princeton (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Robert Bryan
(b) Address Moorsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cem
18. (a) Signature of funeral director Jas D Gordon
(b) Address Chillicothe Mo
19. (a) Apr 16, 41 (Date received local registrar) (b) Hazel Stamper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, year hour 3 PM minute M.
21. I hereby certify that I attended the deceased from Jan, 1941, to Feb 28, 1941; that I last saw her alive on Feb 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of lungs	3 yrs
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? 457 (Specify type of place)
While at work? (e) Means of injury
23. Signature J Geo Moore (M. D. or other)
Address Bridgeview Mo Date signed 4-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Donald F. Gardner

Licensed Embalmer No. 4191

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.