S. No. 2
M—1-4-41
7. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 508

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Ludlow

Primary Registration District No. 3026

State File No. 14847

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)

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

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

(c) City or town Ludlow, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Payton Bryan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Bryan

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. (Month) 17 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	15	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Henry Bryan
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lovey Donivan
15. Birthplace Pike County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs J. P. Bryan
(b) Address Ludlow, Missouri.

17. (a) Monroe Cemetery (Burial, cremation, or removal) (b) Date thereof 5--3---42 (Month) (Day) (Year)
(c) Place: burial or cremation Ludlow, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) May 3 - 1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1942 hour 12:15 minute A.M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 2, 1942 that I last saw him alive on May 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute peritonitis	2 days
Due to Ruptured appendix	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations acute general peritonitis from ruptured appendix
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? (Specify type of place)
While at work (e) Means of injury

23. Signature R. J. Brennan (M. D. or other) D
Address Chillicothe, Mo. Date signed 5/2/42

(Licensed Embalmer's Statement on Reverse Side)

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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 E. R. Norman, Registered Apprentice No. ____, working under my personal supervision.

Signed ____

Licensed Embalmer No. 2374

P. O. Address Chilligothe, Missouri

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.