No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17355

Registration District No. 76 Primary Registration District No. 5710B 4044 Registrar's No. 4

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

10
0
0

1. PLACE OF DEATH:
(a) County Boone Co.
(b) City or town Hartsburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hartsburg /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10 0 0
(a) State Missouri (b) County Boone
(c) City or town Hartsburg
(If outside city or town limits, write "RURAL")
(d) Street No. Hartsburg, Mo. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Blanch E. Bryant
3. (b) If veteran, name war ------ 3. (c) Social Security No. -----
4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, / divorced Married
6. (b) Name of husband or wife James Bryant 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb. 6 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	3	22	hr. min.

9. Birthplace Hartsburg, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Lawrence Busch
13. Birthplace Jefferson City, Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name Lula Trimble
15. Birthplace Callaway Co. (City, town, or county) 0 (State or foreign country)
16. (a) Informant James Bryant
(b) Address Hartsburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Plasant Cem.
18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City, Mo.
19. (a) 6/3-42 (Date received local registrar) (b) H. A. Memeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from 1939, 19, to May 28, 1942; that I last saw her alive on May 28, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Due to Arterial Hypotension
Due to
Other conditions (Include pregnancy within 3 months of death) 830
Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature C. P. Megee (M. D. or other)
Address Hartsburg Mo. Date signed 5/30-42

11

(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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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, fact should be so stated above.