

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 1942
Registration District No. 155

Primary Registration District No. 4244

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carterville
(c) Name of hospital or institution 519 E. Main St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 (Specify whether years, months or days)
In this community 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 519 E. Main St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Mrs. Mary Bryant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced 3 divorced

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

7. Birth date of deceased August 14, 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Cedar Rapids Iowa (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Elijah Loring

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Lillie Plaskie

(b) Address Hollywood Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem.

18. (a) Signature of funeral director W. H. C. Co.

(b) Address 270 N. 2nd St. Carterville Mo.

19. (a) Date received local registrar Sept. 11, 1942 (b) Registrar's signature Mrs. Lillie Plaskie

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1942 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from April 21, 1939 to July 11, 1941 that I last saw her alive on Sept 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis Duration 24 hrs?

Due to Coronary disease & myocarditis 7 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 O. T. Plaskie (M. D. or other) M.D.

Address Joplin 7110 Date signed 9-10-42

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

MOTHER - FATHER

49
4
0

42-9-774

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. 347
working under my personal supervision.

Signed..... Al N. Miles
.....
Licensed Embalmer No. 347
P. O. Address.....

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.