S. No. 2
3M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

Registration District No. 217

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5917

State File No. 7935

Registrar's No. 18

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural St Marys
(If outside city or town limits, write "RURAL")
(d) Street No. Near Yount, Missouri
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CORA ELIZABETH BRYANT

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James T. Bryant

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July (Month) 26 (Day) 1874 (Year)

8. AGE: Years 69 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant James T. Bryant
(b) Address Yount, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown, Missouri.

19. (a) 3-3-44 (Date received local registrar) (b) Thos J Eddy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29th, year 1944 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1 43, 19..., to 2-29, 1944, that I last saw her alive on Nov. 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart lesions

Due to Arteriosclerosis

Due to

Other conditions Gall bladder obstruction

(Include pregnancy within 3 months of death)

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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. Harry Barron (M. D.)
Address Fredericktown Mo Date signed 3/2/44

(Licensed Embalmer's Statement on Reverse Side)

FILED

District Health Officer No. 4

District File Number 344-3561

Date Filed 3-9-44

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, Md

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.