

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 13

FILED SEP 3 1946  
221

Registration District No. \_\_\_\_\_

Primary Registration District No. 6084

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: \_\_\_\_\_  
2 1/2 mi W Nelson - Blackwater Twp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 46 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline 97

(c) City or town Nelson "Rural" (If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 mi W Nelson - Blackwater TWP. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LORENZO BRITTON BRYAN

3. (b) If veteran, name war V 3. (c) Social Security No. V

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Celia May Bryan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec - 11 - 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Moates W. Virg.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Thomas Bryan

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

14. Maiden name Sarah Coffman

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

16. (a) Informant Albert Bryan

(b) Address Nelson Mo

17. (a) Burial (b) Date, thereof 8-21-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director Harry Herabinger

(b) Address Marshall Mo

19. (a) Aug 20, 1946 (b) mo. W.C. Shackelford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1946 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 19 1946 to Aug 19 1946 that I last saw him live on Aug 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hemiplegia 36 hrs

Due to \_\_\_\_\_

Hypertensive Heart Disease 11 hrs

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93D

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

Duration

36 hrs

11 hrs

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 Robert M. ... (M. D. or other) \_\_\_\_\_  
Address Marshall Mo Date signed 8/20/46

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

7  
0  
0  
28111

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

---

---

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 Harry Herschberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.**