

S. No. 2
M-5-43
v. 5-17-39
X35671

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

32520

State File No.

Registration District No. 372

Primary Registration District No. 4343

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour
(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 Webster

(c) City or town Seymour 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 JOYCE OPAL BRYANT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced INFANT!

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

7. Birth date of deceased 12 24 1945
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

7	27		
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_____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Seymour Mo. 11
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

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? _____

MOTHER, FATHER { 12. Name ELY BRYANT

{ 13. Birthplace State Center Iowa
(City, town, or county) (State or foreign country)

{ 14. Maiden name OPAL George

{ 15. Birthplace Webster Co. Mo. 11
(City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H. J. Kelley Coronator (M. D. or other)

Address Portland Date signed 8-27-46

16. (a) Informant ELY BRYANT

(b) Address Seymour

17. (a) Liberty Cemetery (b) Date thereof 8 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Kelly, Ferrell, Bergman

(b) Address Seymour Mo.

19. (a) Sept 1-46 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

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

343

RECEIVED

District Health Officer No. 6,

District File Number 946-977

Date Filed SEP 16 1946

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 K. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordham 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.