

FILED AUG 25 1947

Registration District No. 324

Primary Registration District No. 3072

State File No. \_\_\_\_\_

Registrar's No. 162

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

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
660 South Odell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Since 1888. (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME James Francis Bryan  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Georgia Kirtley Bryan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 26th, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 I 8 hr. \_\_\_\_\_ min.

9. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

12. Name John Bryan

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

14. Maiden name Anna Cass

15. Birthplace Tipperary County, Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr G. M. Bryan

(b) Address 660 South Odell, Marshall, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell

(b) Address Marshall, Missouri.

19. (a) Aug 6-1947 (b) Edw J Gray  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saline 97  
(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 660 South Odell 3  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4  
year 1947 hour 11 minutes 50 P.M.

21. I hereby certify that I attended the deceased from 11:45 AM —  
Aug 4, 1947 to 11:35 PM, Aug 4  
that I last saw him alive on Aug 4, 1947 — 6:15 PM 19 H. 7  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac arrest  
Due to Myocardial infarction  
Due to coronary vessel occlusion  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations none performed  
Of autopsy none performed

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Marshall, Mo. (M. D. or other) \_\_\_\_\_  
Date signed 8-6-47

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 8-29-47

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 *Jan H. Lewis*

Licensed Embalmer No. 1171

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.