

S. No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1965

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
420 East 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 420 East 11th 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME George Fletcher Bryan
3. (b) If veteran, name war: S. A. 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 21ST
year 1948 hour 9 35 minute _____ A.M.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta E. 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased. January 6, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1948 to Jan 21, 1948
that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above. 1948
1948

8. AGE: Years Months Days If less than one day
72 0 15 hr. _____ min.

Immediate cause of death Ch. myocarditis
Due to _____
Due to _____

9. Birthplace Mattoon Illinois
(City, town, or county) (State or foreign country)

Other conditions General arterio
(Include pregnancy within 3 months of death) sclerosis

10. Usual occupation Retired

Major findings: Of operations _____
Of autopsy 9375
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William M. Bryan ?
13. Birthplace _____ ?
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Masonhall
15. Birthplace _____ ?
(City, town, or county) (State or foreign country)

16. (a) Informant Garnett F. Bryan
(b) Address 2601 S. Grand

17. (a) Burial (b) Date thereof 1-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
(d) Signature of funeral director Geo Dillard

(e) Address Sedalia Mo.

19. (a) 1/23/48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature J. W. Rogers M.D. (M. D. or other)
Address Sedalia Mo. Date signed 1-22-48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-26-48

JAN 25 1948

JAN 30 1948

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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.