

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33430
Registrar's No. 132

FILED NOV 8 1948
Registration District No. 883

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)
In this community 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Myrtle
(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 Delia Pauline Bryan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased May 31 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 5 3
hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

12. Name James Arthur Evans
13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Ann Tibbs
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 11-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Remond Shayer mo.

18. (a) Signature of funeral director Y. S. S. S.
(b) Address Mt. Vernon, Mo.

19. (a) 11-4-48 (b) Paul W. Andrews
(Date received local registrar) (Registrator's signature) PA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3d
year 1948 hour 7:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 11th, 1948 to Nov. 3, 1948
that I last saw her alive on Nov. 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pulmonary Hemorrhage Duration Few minutes

Due to Far Advanced Pulmonary Tbc. Over 2 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____

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 _____

23. Signature C. E. Hellweg M.D. (M. D. or other) _____
Address Mt. Vernon, Mo Date signed 11-3-48

State of Missouri
No. 1148-1246
Date filed 11-5-48

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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address Wentworth 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.