

FILED AUG 12 1948

Registration District No. **99**

Primary Registration District No. **3.003**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Barry**
 (b) City or town **Monett**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
405 - 2nd St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 (Specify whether)
 In this community **51 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
 (c) City or town **Monett**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **405 2nd St**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **none**

3. (a) PRINT FULL NAME **Catherine Ann Mein**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Mein** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **November 19 1869**
 (Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **2** If less than one day hr. min.

9. Birthplace **Elk City Nebraska**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

11. Industry or business **None**

MOTHER FATHER { 12. Name **William Bullen Bryant**
 13. Birthplace **England**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Ann Appleby**
 15. Birthplace **England**
 (City, town or county) (State or foreign country)

16. (a) Informant **Mrs Richard Mills**

(b) Address **506 Central Monett Mo**

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

(c) Place: burial or cremation **100 E. Cen Monett Mo**

18. (a) Signature of funeral director **Heraway Funeral Home**

(b) Address **Monett Mo**

19. (a) **7-22-48** (b) **W. M. West**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21**
 year **1948** hour **7** minute **30** P.M.

21. I hereby certify that I attended the deceased from **5-22-1948** to **7-21-1948**
 that I last saw h. or alive on **7-21-1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Flea-Encephalitis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **23 B**

Of autopsy

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?

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

23. Signature **W. M. West** (M. D. or other)

Address **Monett Mo** Date signed **7/22/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE

RECEIVED

District Health Officer No. 6,

District File Number 848-885-

Date Filed Aug 11 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Mount Vernon

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.