REC'D JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43508
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2 Registration District No. 421
(b) Township Joachim Primary Registration District No. 5575 Registered No. 120
(c) City Herculaneum 1 (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred , yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 653 Arthur Jefferson Bryant
(a) Residence, No. Herculaneum Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Bryant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1888.
7. AGE: YEARS 50 MONTHS 4 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Lead Smelterer
9. Industry or business in which work was done, as saw mill, bank, etc.: Lead Smelter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

FATHER
13. NAME: Timothy Bryant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER
15. MAIDEN NAME: Melissa Jane Bossar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

17. INFORMANT (ADDRESS): Mrs. Catherine Bryant, Herculaneum Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dec., 17, 1938 DATE Herculaneum, Cem.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Duester and Vinyard, Festus Mo.
20. FILED 10/18, 1938 J E Rutledge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938, to Dec 14, 1938
I last saw h. M alive on Dec 14, 1938. Death is said to have occurred on the date stated above, at 8:15P m.
The principal cause of death and related causes of importance were as follows:
Myocarditis (Chronic) — Date of onset
Other contributory causes of importance: 9 8 C
Name of operation: None Date of
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Emmett Lewis, M. D.
(Address) Herculaneum, Mo 392

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M 12-38 I X14028

APR 20 1945

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, H. L. Wingard, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed H. L. Wingard

Licensed Embalmer No. # 8010

P. O. Address Jesup Ga

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, above space should be left blank.