

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4105**

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Jackson**  
 (c) Name of hospital or institution: **Home**  
 (d) Length of stay: In hospital or institution **Sept**  
 In this community **Sept**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
 (c) City or town **J.C. Mo**  
 (d) Street No. **424 So Oakley**  
 (e) If foreign born, how long in U. S. A. **Sept** years.

3. (a) PRINT FULL NAME

**Albert B. Bryant**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24** year **1939** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct 23**, 1939, to **Oct 24**, 1939

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia - 3 days**

Due to **diabetes for several year**

Due to **59**

Other conditions  (include pregnancy within 3 months of death)

Major findings:  Of operations

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?

While at work?  (Specify type of place) \_\_\_\_\_ (M. D. or other) **1**

23. Signature **W. W. Martin** (M. D. or other) **1**  
 Address **6800 Wimmer Rd** Date signed **1-26-39**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Willie B. Bryant** 6. (c) Age of husband or wife if alive **5-4** years  
 7. Birth date of deceased **April 4 - 1878**

8. AGE: Years **61** Months **6** Days **20** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **J.C. Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **9**

12. Name **Allen P. Bryant**

13. Birthplace **Jackson** (City, town, or county) (State or foreign country)

14. Maiden name **Willie B. Bryant**

15. Birthplace **Jackson** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Willie Bryant**

(b) Address **424 So Oakley**

17. (a) **Funeral** (b) Date thereof **Oct-26-39**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Robert Henderson**

(b) Address **J.C. Mo**

19. (a) **10/26/39** (b) **M. M. Brown**  
 (Date received local registrar) (Registrar's signature)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

Rev. 6-17-30

**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

*John B. Camp*  
Licensed Embalmer No. 295-15  
P. O. Address 1 P. O. Box

**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.**