

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12091

Registrars District No.

Primary Registration District No. 5941

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Hazlegreen Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community life years, months or days)

8. (a) PRINT FULL NAME William Thomas Bryant 653

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 25 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 1 4 hr. min.9. Birthplace Hazlegreen Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Philip Bryant
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's name Edward A. Oliver(b) Address Hazlegreen Mo17. (a) Burial (b) Date thereof March 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Lawn18. (a) Signature of funeral director Richland(b) Address Richland Missouri19. (a) March 1, 1940 (b) Edward A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pulaski
(c) City or town Rural Hazlegreen Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29
year 1940 hour 4 minute 10 p. a. m.21. I hereby certify that I attended the deceased from
Feb 2 - 1940, to Feb 29, 1940;
that I last saw him alive on Feb 28, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Heart Failure Duration 1 minuteDue to Attack of Flu 1 monthDue to 11/12Other 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?
(Specify type of place) While at work? (b) Means of injury

23. Signature Edward A. Oliver (M. D. or other)
Address Richland Mo. Date signed 2/29/40

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. 196

RECEIVED

working under my personal supervision.

(District Health Officer No. 5,

District File Number 440415

Date Filed 4-11-40

Signed.....

Licensed Embalmer No. 3198

P. O. Address..... Richland 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, above space should be left blank.