

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12604

State File No. _____

Registration District No. 1940

Primary Registration District No. 1070

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Barley's Bryant (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME RUTLEY E. BREANT 65
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 13
 year 1940 hour 2 minute 50 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Allie Bell Bryant 6. (c) Age of husband or wife if
 alive 35 years
 7. Birth date of deceased 23 1905
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March
 1939, to Jan 3rd, 1940
 that I last saw him alive on Jan 3rd, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 3 Days 20
 If less than one day hr. _____ min. _____

Immediate cause of death Chronic Bright's Disease
 Due to _____
 Due to _____

9. Birthplace Shannon Co. Mo.
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 121

10. Usual occupation Farming

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name Geo. W. Bryant

13. Birthplace Woodhull, Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Jackson

15. Birthplace Franklin, Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature B Bryant
 (b) Address _____

Of autopsy _____
 Underline the cause to which death should be charged statistically.

17. (a) _____ (b) Date thereof Jan 14 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation Green Forest

(a) Accident, suicide, or homicide (specify) _____

18. (a) Signature of funeral director Hobson W.D.
 (b) Address Salem Mo

(b) Date of occurrence _____

19. (a) Jan 14 1940 (b) Barley's Bryant
 (Date received local registrar) (Registrar's signature)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Signature _____ (e) Means of injury _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Dr. W. Reed (M. D. or other) _____
 Address Sumnerville Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

N. D. Hoban

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

N. D. Hoban

Licensed Embalmer No.....

928

P. O. Address.....

Salem 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12607²

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 2097

Primary Registration District No. 6083

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon

(b) City Castor Miss
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shannon

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Burley E. Bryant

3. (b) If veteran, name war _____

3. (c) Social security No. _____

20. DATE OF DEATH Month Jan day 13 year 1940 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 3 1940 to Jan 3 1940; that I last saw him alive on Jan 3 1940 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife Oliver Belle Bryant (c) Age of husband, or wife, if alive 55 years

7. Birth date of deceased 9 - 23 1861
(Month) (Day) (Year)

Immediate cause of death Chronic Bright's dis-
ease

8. AGE: Years 38 Months 3 Days 20 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Shannon Co. Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Geo W Bryant

13. Birthplace Woodhull Va
(City, town, or county) (State or foreign country)

14. Maiden name Glennie Jackson

15. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Jan 14 1940

(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 J. M. Reeds (M. D. or other) _____
Address Summerville Date Jan

16. (a) Informant B. Bryant

(b) Address _____

17. (a) _____ (b) Date thereof Jan 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Forest

18. (a) Signature of funeral director Hobson

(b) Address Salem Miss

19. (a) 6-11-40 (b) Frank Boyd MD
(Date received local registrar) (Registrar's signature)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

FILED

1940
S-12604