

JUN 14 1940 735  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5971

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Randolph

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

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

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

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Joe C. Bryant 653

8. (b) If veteran, name war XX

8. (c) Social Security No. XX

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Mary Witherspoon

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
deceased

7. Birth date of deceased 1 12 1886  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 17  
If less than one day hr. min.

9. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Henry Bryant

12. Name Mo 0

13. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Everly Stephens

15. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Evelyn Stephens

(b) Address Liberly, Mo R.R. 1

17. (a) Burial (b) Date thereof 5 31 19  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison, Cemetery

18. (a) Signature of funeral director Paul G. Thompson

(b) Address Madison, Mo

19. (a) May 31-40 (b) Seah McCreary  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

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

(d) Street No. Union Temp.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1940 hour 13 minute 30 P. M.

21. I hereby certify that I attended the deceased from home, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above

Immediate cause of death Heart attack, but not determined, probably coronary a few thrombosis. Duration \_\_\_\_\_ minutes

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 9/4/13

Other 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? 9-25  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. J. Shrader (M. D. or other) coroner  
Address Liberly, Mo Date signed 5-29-40

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.

RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-40-1156

Date Filed JUN 10 1940

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 Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Mendocino, 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.