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

FILED JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Simms

State File No. 21983

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1510 Missouri (If rural, give location)

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

3. (a) PRINT FULL NAME Jeanette Bryant 653

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 25 (Day) 1933 (Year)

8. AGE: Years 6 Months 11 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Child 6

11. Industry or business

FATHER
12. Name William J. Bryant 1
13. Birthplace (City, town, or county) Joplin, Mo. (State or foreign country)

MOTHER
14. Maiden name Mandie Young
15. Birthplace (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Wm J. Bryant

(b) Address 1510 Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cem. Hornet Mo

18. (a) Signature of funeral director Langher Mortuary

(b) Address Joplin Missouri

19. (a) 6-24-40 (Date received local registrar) (b) Ed D James (Registrar's signature) 372

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1933 hour 6:40 minute p. M.

21. I hereby certify that I attended the deceased from 6-21, 1940, to 6-23, 1940 that I last saw her alive on 6-23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: septicemia	
Due to: Infected toe	
Due to: Cut with glass	
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 6-10-40

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 1

Address Joplin Date signed 6-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.