

D. 2
7-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

OCT 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32937

State File No.

Registration District No. 914

Primary Registration District No. 6235-

Registrar's No.

1. PLACE OF DEATH:

(a) County: Ray

(b) City or town: Cowgill, Rural
(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 _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME: Judge Andrew Bryant

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Ruth Bryant

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Dec 20 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace: Texas
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER

12. Name: Linnacia Bryant

13. Birthplace: Texas
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Lisk

15. Birthplace: Texas
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. D. Bryant

(b) Address: Cowgill, Mo

17. (a) Little Burial (b) Date thereof: _____ (Month) (Day) (Year)

(c) Place: burial or cremation: Little Linnion

18. (a) Signature of funeral director: Burns & Mead

(b) Address: Bryant Mo

19. (a) Oct 5 1940 (b) Ma Lisk Mauson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Ray

(c) City or town: Cowgill, 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st
year 1940 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from _____, 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: Coronary Thrombosis
(Found Dead) at home

Due to _____

Due to _____

Other conditions: 94B
(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)

(e) Means of injury _____

23. Signature: W. G. Gairnes (M. D. or other) MD
Address: Richmond, Mo Date signed: 10-1-40

Duration

Underline the cause to which death should be charged statistically.

PHYSICIAN

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-40

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.

working under my personal supervision.

Signed *Bernard F. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Braymer*

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, fact should be so stated above.