

4-13-40  
-17-39  
X23159

Mayfield 821  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5801

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joe Bryant  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race C  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lizzie Bryant  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 15 1893  
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Woodruff CO. Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name Curtis Bryant  
13. Birthplace So. Carolina  
14. Maiden name Matilda  
15. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Bryant  
(b) Address Canalou Mo. Box 244  
17. (a) Burial (b) Date thereof 4/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John Bennett  
(b) Address Sikeston Mo.  
19. (a) MAY 1 1941 (b) W. H. Russell  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 29  
year 1941 hour 2 minute \_\_\_\_\_ p.m.  
21. I hereby certify that I attended the deceased from about Jan 1, 1941, to Apr 26, 1941  
that I last saw him alive on Apr 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to possibly heart attack I did not see him at time of death  
Due to heart - died suddenly  
Other conditions (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? \_\_\_\_\_  
23. Signature A. A. Mayfield (M. D. or other) \_\_\_\_\_  
Address Sikeston Mo. Date signed 4/29/41

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

**RECEIVED**

District Health Officer No.

District File Number 541-53

Date Filed 5/8/41

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**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 John A. Clevton

Licensed Embalmer No: 2941

P. O. Address Clevton

**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.**