No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17552

Registration District No. 184 Primary Registration District No. 5257 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Linn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Ozark Mo. R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles S.E. of Ozark Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John T. 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 Margaret Bryant
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept (Month) 12 (Day) 1874 (Year)

8. AGE: Years 66 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Thos Bryant
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Gibson
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Burt Bridges
(b) Address Ozark Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Prospect Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) May 1-1941 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17th year 1941 hour minute M.
21. I hereby certify that I attended the deceased from Dec 21, 1940, to Feb 17, 1941; that I last saw him alive on Feb 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver — Duration 6 or 8 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. R. Farthing (M. D. or other)
Address Ozark Mo Date signed 2-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-954
Date Filed JUN 14 1941

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.