

1. PLACE OF DEATH:
 (a) County Wheeler
 (b) City or town Rural Hazelwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wheeler
 (c) City or town Rural Hazelwood Seymour Rural
 (If outside city or town limits, write "RURAL") 112
 (d) Street No. Seymour (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Floyd Guy BRYANT
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 16
 year 1941 hour 7 PM minute 10 M.
 21. I hereby certify that I attended the deceased from May 10
1941, to May 16 1941
 that I last saw him alive on May 15 1941
 and that death occurred on the date and hour stated above.

4. Sex mc 5. Color or race W
 6. (a) Single, widowed, married, divorced, married
 (b) Name of husband or wife Fay V. Bryant
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April - 29 - 1887
 (Month) (Day) (Year)

Immediate cause of death Chronic interstitial nephritis 4 yr.
 Due to Chronic nephrosclerosis + hypertrophy of heart
 Due to _____

8. AGE: Years 54 Months 19 Days _____
 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 1710
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____
 12. Name James P. Bryant
 13. Birthplace Kentucky (City, town or county) (State or foreign country)
 14. Maiden name Julia Thibe
 15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fay Bryant
 (b) Address Seymour, mo
 17. (a) Burial (b) Date thereof 5/18/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation mr. Dale Tenn

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? 873 Specify type of place _____
 23. Signature H. G. ... (M.D. or other) _____
 Address Seymour, mo Date signed May 16

18. (a) Signature of funeral director Kelly Ferrell
 (b) Address Seymour, mo
 19. (a) 6-4-41 (b) H. E. ...
 (Date received local registrar) (Registrar's signature)

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

2000

RECEIVED

District Health Officer No. 6;

District File No. of 741-1016

Date Filed JUL 7 1949

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.....

Licensed Embalmer No. 3334

P. O. Address Seymour, 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, fact should be so stated above.