

FILLED NOV 11 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 798

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Milner Hotel, Commercial Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nine Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 761 East Madison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anor Elmer Bryant

3. (b) If veteran, name war: No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norma Bryant 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March 2, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Near Marshal Town, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Houseman at Milner Hotel

11. Industry or business
12. Name James P. Bryant
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Julia Tuttle
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Norma Bryant
(b) Address 761 East Madison, Springfield

17. (a) Burial (b) Date thereof Oct. 6, 1941
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation at Seymour, Mo.

18. (a) Signature of funeral director Dunn Funeral Home While at work (b) Address 629 W. Walnut, Springfield, Mo.
(c) 10-6-41 (d) W. E. Haudley, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th.
year 1941 hour About 3 minute --- P. M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him dead 19 to 19
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure
resulting likely from acute
indigestion - died at Rose
Hotel, Springfield, Missouri
Due to 1st employment - Milner
Hotel, Springfield, Missouri

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none
11813

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) (e) Means of injury 3
Signature J. K. Beeson Oct 6 1941
At D. or other) Coroner
Address 116 2 1/2 No. Robinson Date signed 10-6-41

101 (Licensed Embalmer's Statement on Reverse)

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

MOTHER FATHER

Physician's attention
Underline the cause to which death should be charged statistically.

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..... *Lawrence L. Hall*
Licensed Embalmer No. *2784*
P. O. Address *Springfield*

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.

X