

Registration District No. 266

Primary Registration District No. 0373

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural - Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community about 57 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town Rural - Franklin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Helen Narcissus Bryant

3. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas Jefferson Bryant 6. (c) Age of husband or wife if alive Y years

7. Birth date of deceased March 2 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 18 If less than one day hr. min.

9. Birthplace St Franis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER
12. Name William Vandiver
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ringer
15. Birthplace Washington Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Patton
(b) Address Salem Mo

17. (a) burial (b) Date thereof 10/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director Carl T. Spencer
(b) Address Salem Mo

19. (a) October 21, 1941 (b) F. E. Smith, MD
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1941 hour 7:45 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 25 1933 to October 20 1941; that I last saw her alive on October 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis secondary

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?

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

23. Signature F. E. Smith, MD (M. D. or other) MD
Address Salem Missouri Date signed 10-21-41

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

RECEIVED

District Health Officer No. 5,

District File Number. 11712087

Date Filed _____

20 15 87

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3806

P. O. Address Salem, Pa.

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

If this body is not embalmed, above space should be left blank.