

Registration District No. 172

Primary Registration District No. 4424

Registrar's No. 3

1. PLACE OF DEATH

(a) County Pulaski
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City
(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

3. (a) PRINT FULL NAME Robert Bryant

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

4. Sex 0 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 100 years
7. Birth date of deceased Feb 28 - 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Carlinville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business John Bryant
12. Name John Bryant

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant John Bryant
(b) Address Richland Mo.

17. (a) Buried (b) Date thereof 1-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R.B. Jumper
(b) Address Richland Mo.

19. (a) Dec 31 1941 (b) Orville A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 23 1941 to Dec 30 1941
that I last saw him alive on Dec 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 8 years

Due to _____
Due to 162 lb

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

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 _____ Means of injury _____

23. Signature Orville A. Oliver (M.D. or Reg.)
Address Richland Mo. Date signed 12.31.41

RECEIVED

Pulaski County Health Officer

File Number 242-93

Date Filed 2-3-42

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.....

P. O. Address.....

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.