. S. No. 2
M—9-4-41
rv. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12219

State File No.

Registration District No. 8 27 Primary Registration District No. 6099 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Morehouse 72
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Frank Lee Bryant
3. (b) If veteran, name war
3. (c) Social Security No. 486-18-3271
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eula Bryant
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased March (Month) 22 (Day) 1907 (Year)

8. AGE: Years 34 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Tenn. (City, town, or county) / (State or foreign country)
10. Usual occupation Millworker
11. Industry or business
FATHER 12. Name R. L. Bryant /
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lena Cook
15. Birthplace Tenn. (City, town, or county) / (State or foreign country)
16. (a) Informant J. W. Bryant
(b) Address Morehouse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director H. J. Welch
(b) Address Sikeston, Mo.
19. (a) March 19-1942 (Date received local registrar) (b) Mrs. Stone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1942 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning
Due to Caused by Car overturning in Arginage Ditch on U.S. Highway 61
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 183-3
Of autopsy 34

Duration

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) Accident
(b) Date of occurrence 3-15-42 103
(c) Where did injury occur? Public Highway (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near Gosset (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Geo. Hearns Acting Coroner
Address Bloomfield Mo Date signed 3/15/42

(Licensed Embalmer's Statement on Reverse Side)

1129

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 Raymond Crowe

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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.