

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield Rural Campbell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Oak Grove Lane R. 9, 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 10 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Greene  
(c) City or town Springfield Rural Campbell  
(If outside city or town limits, write "RURAL")  
(d) Street No. Oak Grove Lane R. 9, 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1942 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Jan 1 1939 to 4-8 1942  
that I last saw him alive on 4-8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
arterio sclerosis  
hypertension  
cll's nephritis  
Duration  
10 yr  
2 yr  
4 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations none  
Of autopsy none  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Dr. Vinyard (M. D. or other)  
Address Springfield Mo Date signed 4-9-42

3. (a) PRINT FULL NAME Thomas S. Bryant

3. (b) If veteran, name war no 3. (c) Social Security No. 702-03-6530

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Lula M. Bryant 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Sept. 27 1876  
(Month) (Day) (Year)

8. AGE: Years 1 65 Months 6 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marshalltown / Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. Industry or business Erisco Railroad

12. Name J.B. Bryant  
13. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant L.D. Bryant

(b) Address Houston, Texas

17. (a) Burial (b) Date thereof April 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Missouri

18. (a) Signature of funeral director H.H. Iohmeyer

(b) Address Springfield, Mo.

19. (a) 4-10-42 (b) B. W. Handley  
(Date received local registrar) (Registrar's signature)

WE 4/9/42 (Licensed Embalmer's Statement on Reverse Side)

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

9  
0  
0

H

X

**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 *Walter E. Hamille*  
Licensed Embalmer No. *3808*  
P. O. Address *Springfield, 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.**