

FILED DEC 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41274

State File No. ....

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Harrison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 12001 Mill St  
(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 Hope Bryant  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 2, 1850  
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 3 If less than one day..... hr. .... min.

9. Birthplace Waysaw ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace.....  
14. Maiden name.....  
15. Birthplace.....

16. (a) Informant H. Bryant  
(b) Address 12001 Mill St Harrison Mo  
17. (a) Burial (b) Date thereof OCT. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Hope Cem  
18. (a) Signature of funeral director James O'Connell  
(b) Address Harrison Mo  
19. (a) 10-21-42 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Marion  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2001 Mill St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5  
year 1942 hour..... minute 10 M.

21. I hereby certify that I attended the deceased from Aug. 21, 1942 to Oct. 5, 1942  
that I last saw him alive on Sept. 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Branchial Pneumonia

Due to Chronic Myocarditis  
Due to Chronic Nephritis

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

Major findings:  
Of operations.....  
Of autopsy.....  
1318

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).....  
(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 B. J. Murphy (M. D. or other) MD  
Address Harrison Mo Date signed 10-16-42

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

1146

**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..... *Michael J. O'Connell* .....

Licensed Embalmer No. *3246* .....

P. O. Address..... *Hannibal 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.**