

7. S. No. 2
M-9-4-41
07. 5-17-39
-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18087

State File No. _____

FILED JUN 10 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 265-A

1. PLACE OF DEATH:

(a) County Jasper Co.

(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Heideman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cherokee 999

(c) City or town Benton Springs 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2nd Willow
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____ 2

3. (a) PRINT FULL NAME Walter Bryant

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

name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 5- minute 15 A. M.

21. I hereby certify that I attended the deceased from May 5 1943 to May 8 1943
that I last saw him alive on May 7 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maryella Bryant (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15 1897
(Month) (Day) (Year)

Immediate cause of death: Myocardial infarction 4 hrs.

Due to auricular fibrillation & emboli in myocardium 9 yrs. 4 days

Due to _____

8. AGE: Years 55 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Manelltown, Mo. Arkansas
(City, town, or county) (State or foreign country)

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

Major findings: 95a

Of operations _____

Of autopsy _____

10. Usual occupation Meat Cutter

11. Industry or business Co. Grocery Bartending

12. Name Walter Bryant

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

14. Maiden name Unknown

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

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) (a) Means of injury

23. Signature W. T. T. Blank (M. D. or other) MD
Address Joplin Mo. Date signed 5-9-43

16. (a) Informant Mrs. Walter Bryant

(b) Address Benton Springs, Mo.

17. (a) Removal (b) Date thereof May 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Springs

18. (a) Signature of funeral director Walter Bryant

(b) Address Benton Springs, Mo.

19. (a) 5-20-43 (b) W. T. T. Blank
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

1204

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

MOTHER FATHER

19
22
3

43-5-466

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 Hoskins

Licensed Embalmer No. *784*

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:

84-08-72