

FILED JUL 17 1943

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

1. PLACE OF DEATH:

(a) County CASS.  
(b) City or town DREXEL, MISSOURI.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Not in hospital. / In private home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Does not apply.  
(Specify whether  
In this community 70 years.  
years, months or days)

8. (a) PRINT FULL NAME MARY JANE BRYANT.

8. (b) If veteran, name war None. 8. (c) Social Security No. None.

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

6. (b) Name of husband or wife Jas. M. Bryant. 6. (c) Age of husband or wife if alive Dead. years

7. Birth date of deceased Feb. 5 1856.  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 7 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Mt. Sterling, Kentucky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Household duties.

11. Industry or business At Home.

MOTHER FATHER { 12. Name Wm. Caldwell,  
13. Birthplace Mt. Sterling, Kentucky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann C. Glover,  
15. Birthplace Mt. Sterling, Kentucky.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. G. Bryant,

(b) Address Drexel, Missouri.

17. (a) Burial. (b) Date thereof June 15, 43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton No. Cemetery.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Missouri.

19. (a) 6/14/43. (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.  
(c) City or town Drexel, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U.S.A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 12th  
year 1943 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 9 1943 to June 12 1943  
that I last saw her alive on June 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Metastatic Carcinomatosis  
of right abdomen spine  
Due to Carcinoma of right  
Breast - removed 15 yrs ago

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

Major findings: 50  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Paul Hartwell (M. D. or other) \_\_\_\_\_  
Address Drexel, Mo. Date signed 6/13/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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6/13

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**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 personally

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

JUN 17 1943

Signed [Signature]

Licensed Embalmer No. 1950

P. O. Address St. Paul 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, above space should be left blank.