

AUG 24 1943

Registration District No. 48Primary Registration District No. 513927789
Sond
245

1. PEACE OF DEATH

(a) County Butler
 (b) City or town Rural - Coon Island
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Months (Specify whether
 In this community 5 Months years, months or days)

3. (a) PRINT
FULL NAMELucinda Susie Bryant3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Female 5. Color or white race
 6. (a) Single, widowed, married, 2 divorced, Widowed
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if
 aliye June 4, 1874 years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 29 hr. min.

9. Birthplace Randolph Co., Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation AT Home

11. Industry or business

12. Name Isaac James
 13. Birthplace Randolph Co., Ark.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Arvil H. Bryant(b) Address Poplar Bluff, Mo.17. (a) B. (b) Date thereof 8-4-43
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ravenden Spgs, Ark.18. (a) Signature of funeral director Frank Catrell(b) Address Poplar Bluff, Mo.19. (a) 8-6-43 (b) Willie Turner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
 (c) City or town Rural - Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10 miles S. of P.B.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
 year 1943 hour 12:00 minute A.M.

21. I hereby certify that I attended the deceased from
4-3, 1943 to 8-3, 1943
 that I last saw him alive on 7-5, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death ApoplexyDue to Arterial hypertensionDue to UnknownOther conditions g3a1
 (Include pregnancy within 3 months of death)Major findings:
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 W. J. ... (M. D. or other)
 Address Poplar Bluff, Mo. Date signed 8-6-43

RECEIVED

District Health Office No. 2,

District File Number 843-108

Date Filed 8-18-43

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.....

Licensed Embalmer No.....

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.