

FILED JAN 13 1944  
Registration District No. 3045

Primary Registration District No. 3045

1. PLACE OF DEATH:

(a) County MISSISSIPPI  
(b) City or town CHARLESTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether  
In this community ALL OF LIFE years, months or days)

3. (a) PRINT FULL NAME ALBERT BRYANT

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife HATTIE OWEN BRYANT 6. (c) Age of husband or wife if alive DEC'D years  
7. Birth date of deceased APRIL 4 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 5 If less than one day hr. min.

9. Birthplace CHARLESTON (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER { 12. Name GEORGE BRYANT  
13. Birthplace N.K (City, town, or county) KY (State or foreign country)  
14. Maiden name MARY ALICE SMITH  
15. Birthplace KY (City, town, or county) TEXN (State or foreign country)

16. (a) Informant MRS. HELEN BURKETT

(b) Address CHARLESTON, MO.

17. (a) BURIAL (b) Date thereof 12-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation 1000 F CEMETERY CHARLESTON, MO.

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

(b) Address Charleston Mo.

19. (a) Jan 1 - 4 (b) Thos Lon Moore (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI  
(c) City or town CHARLESTON (If outside city or town limits, write "RURAL") 2  
(d) Street No. — (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 9 year 1943 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Nov 13th 1943 to Dec 9th 1943 that I last saw him alive on Dec 8th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to —

Due to —

Other conditions (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) no  
(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 Frank Overman (M. D. or other) —  
Address Charleston Mo. Date signed 12-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1257

RECEIVED

Health Office No. 2,

District File Number 144-74

Date Filed 1-10-44

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John F. Hummel Jr*

Licensed Embalmer No.

3851

P. O. Address

*Charleston, W. Va.*

**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.**