

FILED FEB 14 1944

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Gentry
 (b) City or town King City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether)
 In this community 24 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry
 (c) City or town King City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William S. Bryant

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug. 10, 1857
 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Henry County Ky
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John M. Bryant

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

14. Maiden name Amanda Crabb

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

16. (a) Informant J. A. Bryant

(b) Address King City, Mo.

17. (a) _____ (b) Date thereof Jan. 28, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ford City, Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.
 (Date received local registrar) (c) Frank N. Minton
 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
 year 1944 hour 10 minute AM

21. I hereby certify that I attended the deceased from June 28 to Jan 25, 1944
 that I last saw him alive on Jan 24, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)
 Due to arteriosclerosis 10 years
 Duration _____

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

Major findings: Of operations JSA
 Of autopsy _____
 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 5
 23. Signature Dr. J. A. Barnes M. D. or other _____
 Address King City, Mo. Date signed 1/26/44

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

MAY 31 1945

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.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address *King City 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.