

FILED MAR 1 1944

Primary Registration District No. 2006

Registrar's No.

42

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

1. PLACE OF DEATH: Boone  
 (a) County  
 (b) City or town Columbia  
 (c) Name of hospital or institution 118 W. Ash St.  
 (d) Length of stay: In hospital or institution 68 years  
 In this community 68 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
 (d) Street No. 118 W. Ash St.  
 (e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME JAMES BRYANT  
 3. (b) If veteran, name war Spanish 3. (c) Social Security No.

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married divorced married  
 6. (b) Name of husband or wife Nettie Bryant 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased 11-13-1875

8. AGE: Years 68 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Columbia MO

10. Usual occupation Cook

11. Industry or business Fraternality  
 12. Name George Bryant  
 13. Birthplace Unknown  
 14. Maiden name Unknown  
 15. Birthplace Unknown

16. (a) Informant Nettie Bryant

(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 2-9-1944  
 (c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Street P. Parker  
 (b) Address Columbia Missouri

19. (a) 2-23-44 (b) E. Grace H. Barber  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 2 - day 6  
 year 44 hour 2:15 minute A.M.  
 21. I hereby certify that I attended the deceased from 27 1943 to 2-5-1944  
 that I last saw him alive on 2-5-1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery  
 Duration 1 day

Due to Hardening of Arteries

Due to Myocarditis

Other conditions High Blood Pressure

Major findings: Of operations None  
 Of autopsy None

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) No  
 (b) Date of occurrence No  
 (c) Where did injury occur? No  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? No  
 While at work? No

23. Signature W. P. Parker (M. D. or other) M.D.  
 Address Columbia Mo Date signed 2-10-44

1250

MAR 6 1944

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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 Stewart P. Parker  
Licensed Embalmer No. 2900  
P. O. Address Columbia 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.**