

FILED MAY 15 1944

State File No. 306060N BK-1-Page 1
Registrar's No.

Registration District No. 2776 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois?
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 2 das.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DANIEL HARVY BRYANT
(b) If veteran, name war Unknown
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5, year 1944 hour 11 minute 30 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Maggie Worth
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased May 2, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 3, 1944 to April 5, 1944 that I last saw him alive on April 5, 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>3</u>	hr. <u> </u> min. <u> </u>

Immediate cause of death Cerebral arteriosclerosis
General arteriosclerosis
Duration

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Common labor

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name Newton Bryant
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jrusha A. Healy
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy No autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (b) Date thereof 4/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Four-Mile Cem. Campbell
18. (a) Signature of funeral director W. H. Irby
(b) Address
19. (a) 4-13-44 (b)
(Date received local registrar) (Registrar's signature)

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? Mo.
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address 408 1/2 St. East Date signed 4-11-44

1373

WRITE PLAINLY—USE UNFADING INK

RECEIVED

5-13-44

District Health Officer No. 4
District File Number 544-3861
Date Filed 5-13-44

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 Not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed

John R. Casner

Licensed Embalmer No. 2912

P. O. Address Rectar, Ark

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.