

FILED JUN 12 1945

Registration District No. 218

Primary Registration District No. 173505790 Registrar's No. 21

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

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town Deventer, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 1102 1/2 Adams St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi

(c) City or town Deventer, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ZULA BRYANT

3. (b) If veteran, name war -

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from about Jan 14 1945 to Apr 27 1945 that I last saw h. as alive on Jan 10 1945 and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Bryant 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 4, 1880  
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy

Due to Chronic myocarditis & arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 64 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Butler Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Led Bryant

(b) Address Deventer, Mo.

17. (a) Burial (b) Date thereof 4-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deventer, Mo.

18. (a) Signature of funeral director David Kelly

(b) Address East Prairie, Mo.

19. (a) 5-17-45 (b) Whitaker  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: (Signature)

Of operations \_\_\_\_\_

Of autopsy (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Geo. W. Whitaker (M. D. or other) \_\_\_\_\_

Address East Prairie Mo Date signed 4/28/45

1271

RECEIVED

District Health Office No. \_\_\_\_\_

District Health Office No. \_\_\_\_\_

District File Number 6-45-779

Date Filed 6-6-45

**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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**