V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22850

State File No.

FILED JUL 18 1946

Registration District No. 43 Primary Registration District No. 4056 Registrar's No. 223

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Fisk, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler 12
(c) City or town Fisk, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Levi Nathan Bryant,

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

4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace B. Bryant
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Oct. (Month) 12. (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	16	hr. min.

9. Birthplace Bloomfield, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George Bryant
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Rebecca Alexander,
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Grace Bryant
(b) Address Fisk, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, (Month) 8, (Day) 46 (Year)
(c) Place: burial or cremation Locke Cemetery, Leora.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 7-11-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from one time July 3, 1946, to , 19 ; that I last saw him alive on July 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged spleen Bad liver and left kidney and colon, was my findings on July 3 when I first examined him

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. C. O. Frazier (M.D. or other) D.C.
Address 105 pine Blvd, poplar Bluff Mo. Date signed July 9 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 46-852
Date Filed 2-16-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.