

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED AUG 20 1946

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Connor Hotel, 4th and Main Sts.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6** -----
(Specify whether)
 In this community **65** years
years, months or days

3. (a) PRINT FULL NAME **MILLARD BRYAN**
3. (b) If veteran, **none** **3. (c) Social Security** **none**
name war No.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **married**
6. (b) Name of husband or wife **Mrs. Pauline K. Bryan** **6. (c) Age of husband or wife if alive** **67** years
7. Birth date of deceased **February 5 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	1	-- hr. -- min.

9. Birthplace **Carthage Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired quarry owner**

11. Industry or business **Carthage Consolidated Co.**

12. Name **Alonzo Bryan**
13. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pauline K. Bryan**
(b) Address **Connor Hotel, Joplin, Mo**

17. (a) **Burial** **(b) Date thereof** **July 9 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**
(b) Address **Carthage, Missouri.**

19. (a) **7-8-46** **(b)** **Ed J. Jern.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Connor Hotel, 4th & Main** **5**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **1**
 If yes, name country. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**
 year **1946** hour **6** minute **30** **A.M.**

21. I hereby certify that I attended the deceased from **June 1946**, to **July 6 1946**,
 that I last saw him alive on **July 6 1946**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** **1 day**
 Due to _____
 Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **Of operations** **430**
 Of autopsy _____
 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 **1**

23. Signature **Ray E. Myers** (M. D. or other) **1**
Address **Joplin, Mo** **Date signed** **7/6/46**

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

26304

46-7-645

AUG 12 1943

MAR 24 1947

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.....

Emmuel R. Kneep

Licensed Embalmer No.

397

P. O. Address.....

Carthage

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.