

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: Gibson Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 423 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Knox **52**

(c) City or town Baring rural. **11**
(If outside city or town limits, write "RURAL")

(d) Street No. 4, onehalf miles North East
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Angelia Patterson Bryant

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased April -15 - 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace La. Harpe Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

12. Name Benton Patterson

13. Birthplace Hancock Co. Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Young

15. Birthplace Hancock Co. Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bryant

(b) Address Baring, Mo.

17. (a) Burial (b) Date thereof Dec-21-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paul H. ...

(b) Address Edina Mo.

19. (a) Dec-20-46 (b) Will S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 11 1946 to Dec 20 1946
that I last saw her alive on Dec 20 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____

Due to Hypertension

Due to _____

Other conditions 3A
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 11

23. Signature Paul H. ... (Date or other) _____

Address Edina Date signed 2-20-46

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

39555

JUN 9 1948

APR 1 9 1954

RECEIVED
District Health Officer No. 10
District File Number 12-46-2335
Date Filed DEC. 24 1946

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 *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edin, Md*

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.