

No. 2
-12-45
-17-39
X47070

FILED NOV 15 1947
Registration District No. **20976**

Primary Registration District No. **6018**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Rural, Fishing River Twns**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Four miles N.E. of Excelsior Spgs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 years**
In this community **41 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mi. N.E. of Excelsior Spgs.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LAWSON LEE BRYANT**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Isabel** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **April 4 1886**
(Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **Newport Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Minister & Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Annie L. Bryant**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Sisk** **Tennessee**
(City, town, or county) (State or foreign country)
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. L. Bryant**

(b) Address **Rt. 2, Excelsior Springs, Mo.**

17. (a) **Burial** (b) Date thereof **10-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Claude Prichard**

(b) Address **Excelsior Springs, Missouri**

19. (a) **10/8/47** (b) **John F. Grace**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4**
year **1947** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from **June 10 1945**
to **Oct 4 1947**
and that death occurred on the date and hour stated above.
that I last saw him alive on **Oct 1-47**

Immediate cause of death **Coronary Heart Disease**
Duration **20 1/2 years**

Due to **Arterial Sclerosis**

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

Major findings: Of operations **none made** Of autopsy **none made**
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 _____

23. Signature **John F. Grace** (M. D. or other) **MD**
Address **Excelsior Springs** Date signed **10-6-47**
MO

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

RECEIVED

District Health Officer No. 8,

Case File Number

Filed

11-14-47

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.....

E. E. White

Licensed Embalmer No. 4168

P. O. Address

Excelsior Springs, 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.