U. S. No. 2
00M—5-43
Rev. 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

State File No. 37349

FILED NOV 25 1947

Registration District No. 393 Primary Registration District No. 5186 Registrar's No. 351

1. PLACE OF DEATH:
(a) County: CAPE GIRARDEAU
(b) City or town: RURAL (If outside city or town limits, write "RURAL" and name of township) RANDOL
(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: 20 YEARS (years, months or days)

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

3. (a) PRINT FULL NAME: MINNIE O. BRYANT
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JAN - 6 - 1867 (Month) (Day) (Year)
8. AGE: Years 80 Months 10 Days 1 If less than one day hr. min.
9. Birthplace: MILAN (City, town, or county) TENN. (State or foreign country)
10. Usual occupation: HOUSE WORK
11. Industry or business: HOME
MOTHER FATHER
12. Name: Z. R. BRYANT
13. Birthplace: MILAN (City, town, or county) TENN. (State or foreign country)
14. Maiden name: MARTHA BRYANT
15. Birthplace: MILAN (City, town, or county) TENN. (State or foreign country)
16. (a) Informant: MRS. L. B. GOLLIHER
(b) Address: CAPE GIRARDEAU, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11-9-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: SENATH CEM.
18. (a) Signature of funeral director: Walthers Funeral Home
(b) Address: Cape Girardeau Mo
19. (a) 11-17-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1947 hour 14:00 minute 10 P.M.
21. I hereby certify that I attended the deceased from AUGUST 1, 1947, to NOV 7, 1947, that I last saw her alive on NOV 7, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphosarcoma foot with Generalized metastasis — Duration: 1 year
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Diagnosed By Biopsy
Of autopsy:

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: 0
23. Signature: Edward O. Campbell (M. D. or other) M.D.
Address: Cape Girardeau Mo Date signed: 11-10-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1465

Date Filed 11-24-42

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 Virgil H. Welch

Licensed Embalmer No. 4103

P. O. Address Cape Girardeau 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.