No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37697

Registrar's No. 948

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 724 Hovey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community: 73 yr. 10 mo. 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 724 Hovey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William S. Bryant
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Iva L. Bryant
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Dec. 28, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	10	4	hr. min.

9. Birthplace: Fair Grove (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Real Est. Dealer
11. Industry or business: Real Est. Dealer.
FATHER
12. Name: Junius Bryant
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Harkness
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Iva L. Bryant,
(b) Address: 724 Hovey, Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield Mo.
19. (a) 11-3-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2, year 1947 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from 1941, 19..., to 11-2-47, 19...; that I last saw him alive on 11-1-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to: T.B. Bronchiectasis	6-7 yrs.
Due to: Hypertrophy Prostate	2 wks
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN: Underline the cause of 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: (M.D. or other)
Address: Springfield, Mo. Date signed: 11-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

• WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.