No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11984

FILED MAY 22 1948

Registration District No. 96

Primary Registration District No. 5354

Registrar's No. 35 43

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Buffalo - rural
(If outside city or town limits, write "RURAL" and name of township)
(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 1
(Specify whether years, months or days)
In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas 300
(c) City or town Buffalo - rural
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Lucinda 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 Married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 12, 1891 (Month) (Day) (Year)

8. AGE: Years 56 | Months 11 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Turely, Missouri (City, town, or county) (State or foreign country) U
10. Usual occupation Housekeeper
11. Industry or business

MOTHER / FATHER
12. Name Unknown " "
13. Birthplace (City, town, or county) (State or foreign country) U
14. Maiden name Mary Unknown "
15. Birthplace (City, town, or county) (State or foreign country) U

16. (a) Informant Russell Bryant
(b) Address Red Top, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Church Grove
18. (a) Signature of funeral director H B Jones
(b) Address Buffalo Mo
19. (a) 5/28/48 (Date received local registrar) (b) Burl B Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 26
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 1, 1948, to April 26, 1948; that I last saw her alive on April 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Regenerative Tract	3 yrs.
Due to: Unknown	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma Uterus Ovaries etc.	
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)
Where at work? (e) Means of injury 0

23. Signature H B Jones (M. D. or other) M.D.
Address Buffalo Mo Date signed 5-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 4-48-546
Date Filed 5-30-48

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 Mona B. Jones

Licensed Embalmer No. 2322

P. O. Address Buffalo, 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.