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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>116</u>				
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>			c. LENGTH OF STAY (In this place) <u>16 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>			4			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1939 East 7th St. A</u>				d. STREET ADDRESS (If rural, give location) <u>1939 East 7th St. 0</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>			b. (Middle) <u>ROSS</u>		c. (Last) <u>BRYANT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 19, 1879</u>		9. AGE (In years last birthday) <u>70</u>	10. Months <u>2</u>	11. Days <u>17</u>	12. Hours <u></u>	13. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Shops</u>		11. BIRTHPLACE (State or foreign country) <u>Edgerston, Michigan A</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Casper Bryant</u>			13b. MOTHER'S MAIDEN NAME <u>Christine Fields</u>			14. NAME OF HUSBAND OR WIFE <u>Estella Ott Bryant</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estella Bryant, 1939 E. 7th</u>				ADDRESS <u>Sedalia, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>										
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>H500</u>										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Paralysis</u>										
INTERVAL BETWEEN ONSET AND DEATH <u>One Year or more</u>										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>General Paralysis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>3-1</u> , 19 <u>49</u> , and that death occurred at <u>5:50A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Wm Wheeler M.D.</u>				23b. ADDRESS <u>500 1/2 S. Ohio, Sedalia Mo.</u>			23c. DATE SIGNED <u>4-6-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4-8-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>			25. FEDERAL DIRECTOR'S SIGNATURE: <u>Shane E. ... Sedalia, Mo.</u> ADDRESS					

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 4-11-69

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 _____

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn
Student Embalmer

Signed Duane Ewing

Licensed Embalmer No. 38477

P. O. Address Sedalia, 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.