

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15769**

FILED JUN 10 1949

2316

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROGERS	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 3725 TRACY	

3. NAME OF DECEASED (Type or Print) John Wesley BRYANT	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 28, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 2, 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR: Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARDWARE	10b. KIND OF BUSINESS OR INDUSTRY HARDWARE	11. BIRTHPLACE (State or foreign country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OWEN R. BRYANT	13b. MOTHER'S MAIDEN NAME ELIZA CANNON	14. NAME OF HUSBAND OR WIFE MARY ANN BRYANT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME LOUISE BRYANT HENRY	ADDRESS 3725 Tracy
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the mouth		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1447

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 20**, 19**49**, to **May 27**, 19**49**, that I last saw the deceased alive on **May 27**, 19**49**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Victor H. Bergmann M.D.	23b. ADDRESS 1120 Professional Bldg	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5/28/49	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) ROGERS, ARK
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DATE REC'D BY LOCAL REG. 5-28-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINEX McCLURE	ADDRESS H. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
3
8

Pass. Am.

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert W. Reed

Licensed Embalmer No. 3745

P. O. Address K. E. Ho

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.