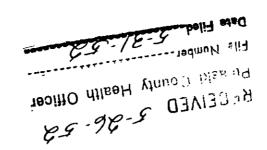
FILED JUN 4	1952	STANDARD CERTIF			17527
BIRTH NO		_ REG. DIST. NO. <u>290</u>		10. <u>5987</u> Registrar	
I. PLACE OF DE. a. COUNTY	ath ulaski	0850	2 USUAL RESIDE a. STATE Miss	NCE /When I was I	If institution: residence before admission)
TOWN R	orporate Umite, <del>witte</del> B ural Uni	township) STAY (in this place)		rate limits, write RURAL and giv	Pulaski asso re township)
INSTITUTION	(If not in hospital or is	natitution, give street address or location)	d. STREET ADDRESS	(If tural, give location)	
3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle)	c. (Last)	I OF	nth) (Day) (Year)
	COLOR OR RACE	Anderson 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Bryant 8. DATE OF BIRTH	1 9. AGE (In rears) #	19 1952 THOSE I YEAR   17 UNDER 11 HER.
Male 0	White	Widowed	1/29/187	2 Instituted and Miles	onthe Days Hours Min.
Laborer	ing life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY Public Works	!	ssouri /	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME		136. MOTHER'S MAIDEN		14. NAME OF HUSBAND OR	WIFE
John Bryan  15. WAS DECEASED EVE	R IN II S ARMED F	Isobel Mil FORCES?   16. SOCIAL SECURITY		Ada Bryant	
(Yee, no, or unknown) (III	yee, give war or dates of	of service) NO.		ryant, Dixon, M	
This does not mean the mode of dying, such the mode of dying, such the the the distributed at the dis-	I. DISEASE OR CO DIRECTLY LEAD! ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau	AUSES  1, if any, giving DUE TO (b)  Truse (a) stating use last.	Milio sili	usei	Just AND DEATH Mumble
case, injury, or complica- tion which caused death.	· Conditions contribu	DUE TO (c) FICANT CONDITIONS ruting to the death but not se or condition causing death	120	· · · · · · · · · · · · · · · · · · ·	
19a. DATE OF OPERA- TION		DINGS OF OPERATION		332×	20. AUTOPSY1
Pla. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TO	WNSHIP) (COUNT	
Pld. TIME (Month) OF INJURY	(Day) (Year) (E	Elour) 21e. INJURY OCCURRED WHILE AT NOT WHILE BB. WORK AT WORK	211. HOW DID INJURY OF	CCURT	
alive on 🏖 –		he deceased from $3-/9$	7.00P m., from the	causes and on the date s	l last saw the deceased
23a. SIGNATURE	Much	Degree or title)  Mulo	236. ADDRESS,	1, MW.	230. DATE SIGNED
24a. BURIAL, CREMA TION, REMOVAL (Speeds) Burial (1)	5/22/1	24c NAME OF CEMETERY	metery	Crawford Count	county) (State)
DATE REC'D BY LOCAL 5-26-52		one marien	25. FUNERAL DIRECTO	R's SIGNATURE bert, Dixon, Mi	ADDRE SS
		(Licensed Embalmer's Sc	stement on Reverse Side)		



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	verse side of this certificate was embalmed by me, or by
5/19/1952	
working under my personal supervision.	Student Embalmer No
	_

Signed Mausice & Schierbaum

Licensed Embalmer No. 4505 P. O. Address Dixon, Missouri

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.