

FILED FEB 7 1940 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3315  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
(b) Township Sedalia Primary Registration District No. 3059  
(c) City Sedalia (d) Street No. 116 East Jefferson St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Sedalia Route 2 St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Bryant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1864  
7. AGE YEARS 75 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

13. NAME William Bryant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Kentucky

15. MAIDEN NAME Nancy Lath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

17. INFORMANT (ADDRESS) William Bryant Sedalia Route 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Abell Cemetery DATE Jan 12, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Laughlin B. Sued Sedalia

20. FILED Jan 11, 1940 Wm. Harry Sued Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1939, to Jan 9, 1940

I last saw him alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 7:40 m.

The principal cause of death and related causes of importance were as follows:

Emphysema  
Broncho-pneumonia

Other contributory causes of importance: 11A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Francis B. Long M. D.

(Address) Sedalia, Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2/11/10

### 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.....

Robert H. Reed

Licensed Embalmer No. 3745

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, above space should be left blank.