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7-39  
X23159

**FILED AUG 16 1948** 47

Primary Registration District No. **3018**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(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 \_\_\_\_\_  
(Specify whether in this community years, months or days) 45 years

3. (a) PRINT FULL NAME JAMES BRYANT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DILLA

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased FEB 22 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace TRENTON NEW JERSEY  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business \_\_\_\_\_

12. Name HENRY BRYANT

13. Birthplace BRISTOL ENGLAND  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA LONG

15. Birthplace BRISTOL ENGLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Bryant

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director Consalus & Peak

(b) Address Clinton Mo

19. (a) 8-6-41 (b) Dr. J. R. Walker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry **042**

(c) City or town Clinton **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. 711 E Ohio St  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1941 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1940 to July 12, 1941.

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death permanence aneurysm

Duration 2 yr

Due to \_\_\_\_\_

Due to 13a

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. R. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 7-13-41

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1338

Date Filed Nov 8-14-41

**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.....

Licensed Embalmer No. 1891

P. O. Address..... Antonia

**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.**