

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No.

Registrar's No. 355

42688

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Frank Edgar Bryant

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Bertha Bryant 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased April 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 I hr. min.

9. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Finney R. Bryant
13. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hannah M. Wise
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gladys Bullard

(b) Address R. R. #2 Green Ridge Mo.

17. (a) Burial (b) Date thereof 12/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abell Cem.

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Missouri

19. (a) 12/8/41 (b) Dr. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #2 Green Ridge Mo.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Dec 1
3 to Dec 6, 1941
that I last saw him alive on Dec 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura Haemorrhagica
Due to undetermined
Due to Pyon Loen (severe)

Other conditions Pyon Loen (severe)
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

7 day

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 Dr. Anna Berger (M. D. or R. N.)
Address Sedalia Mo Date signed 12/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-14-42.....

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.....

Seaboard 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.