

National Office of Vital Statistics
FILED NOV 12 1947

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **227**

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 **109 1/2 Franklin St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)
In this community **1 day**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Henry**
(c) City or town **Deerport**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles S West**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Bert R. Bryant

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1** year **1947** hour **5** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **May 3** 19 **46** to **November 1** 19 **47** that I last saw **him** alive on **November 1** 19 **47** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** **few minutes**

Due to **Coronary arteriosclerosis with angina pectoris** **shortly**

Other conditions **none**
(include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **no**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **S. D. Hughes** (M. D. or other) **Med**
Address **Clinton** Date signed **11/3/47**

5. Color or race **W**
4. Sex **MO**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Leotis Bryant**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **9 - 30 - 1880**
(Month) (Day) (Year)

8. AGE: Years **67** Months **1** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Hickman Mills, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **David Bryant**

13. Birthplace **Deerport**
(City, town, or county) (State or foreign country)

14. Maiden name **Deerport**

15. Birthplace **Deerport**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Leotis Bryant**

(b) Address **Deerport**

17. (a) **Burial** (b) Date thereof **11-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Logan Chapel**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Clinton**

19. (a) **Nov 3 47** (b) **R. B. Kenney**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JAN 17 1948

NOV 24 1947

RECEIVED
District Health Officer No. 7
District File Number 10-47-1301
Date Filed 11-10-47

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 _____

Fred Wilkerson Jr., Registered Apprentice No. H 34
working under my personal supervision.

Signed Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.