DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. D-1 436356

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

NOV 24 1939

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 1721 Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Thomas Crismon Bryant 653

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: single

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: June (Month) 21 (Day) 1939 (Year)

8. AGE: Years 0 Months 3 Days 26 If less than one day: ____ hr. ____ min.

9. Birthplace: Pocahantas (City, town, or county) Ark (State or foreign country)

10. Usual occupation: Child

11. Industry or business: ____

FATHER
12. Name: Vernie R. Bryant
13. Birthplace: Pocahantas (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name: Mary Crismon
15. Birthplace: Gassville (City, town, or county) Ark (State or foreign country)

16. (a) Informant's own signature: Vernie Bryant
(b) Address: Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 17, '39 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: J. Reynolds
(b) Address: Joplin Mo

19. (a) 10-18-39 (Date received local registrar) (b) W. D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1939 hour 10:30 minute a M.

21. I hereby certify that I attended the deceased from 10/12/39, 19__, to 10/17/39, 19__; that I last saw h a alive on 10-17-39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Flex contrs - fb	3 wks
Due to: 1194	
Due to:	
Other conditions: Dehydration + Acidosis (Include pregnancy within 3 months of death)	1 wk.

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Walter Hurow M.D. (M. D. or coroner)
Address: Joplin Mo Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 1139-2286
Date Filed NOV 9 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.