DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1665

Registration District No. 4386 Primary Registration District No. 5115B9 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rochport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 20 years
years, months or days)

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

3. (a) PRINT FULL NAME Isaac M. Bryant 655
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kathleen Bryant
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug (Month) 4 (Day) 1862 (Year)

8. AGE: Years 77 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Richmond Ky (City, town, or county) Ky (State or foreign country)
10. Usual occupation Spanish American-Vet-
11. Industry or business Retired Farmer
FATHER
12. Name John Bryant
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Susie Duncan
(b) Address Lexington mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director R Owillett
(b) Address Columbia Mo 79
19. (a) 1-[illegible]5-40 (Date received local registrar) (b) Mary M Angell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th year 1940 hour 10.30 minute A M.
21. I hereby certify that I attended the deceased from Jan 9 - 1940 Jan 9 - 1940 to Jan 13 - 1940; that I last saw him alive on Jan 12 - 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis Influenza Otitis	7 days
Due to	
Due to	
Other conditions Senility (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H E Angell (M. D. or other) M.D.
Address Rochepart 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.

P

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. ~~3185~~

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3183

P. O. Address Columbia 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.