

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

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.

Registration District No. 76

Primary Registration District No. 511013

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Cedar Township  
(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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles south of Ashland Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Thomas Allen Bryant

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21  
year 1940 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-26-1940  
\_\_\_\_\_, 19\_\_\_\_, to Jan-31, 1940  
that I last saw him alive on 1-31, 1940  
and that death occurred on the date and hour stated above.

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 Jan 2 1861  
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to Influenza

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

Major findings: Of operations HW

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

8. AGE: Years 79 Months 0 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name John W Bryant

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

14. Maiden name Margaret Mason

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

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? \_\_\_\_\_

16. (a) Informant's own signature Ella Haskell

(b) Address Ashland Mo

17. (a) Burial (b) Date thereof Feb. 4 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director Walter Bryant

(b) Address Ashland Mo 711

19. (a) 2/6-1940 (b) H. A. Pennington  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature E. P. Meyer (M. D. or other) \_\_\_\_\_

Address Ashland Date signed 2-5-1940

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**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 *W<sup>m</sup> O. F. Burnett*.....

Licensed Embalmer No. *3564*.....

P. O. Address *Asland 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, above space should be left blank.**