

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5906
Registrar's No. 2

Registration District No. 76

Primary Registration District No. 511013.

1. PLACE OF DEATH:
(a) County Boon
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Boon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 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 John Riley Bryant
8. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day _____
year 1940 hour 11 minute 15-20 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Furitta Bryant
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 2 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-26-40 to 2-1-40
that I last saw him alive on 2-1-40
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 0 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia
Due to Influenza
Other conditions _____
(Include pregnancy within 3 months of death)

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 Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Hanson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: 112
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Ella Hickman
(b) Address Ashland Mo

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?

17. (a) Rural (b) Date thereof Feb 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W.P. Pleasant

18. (a) Signature of funeral director W. P. Pleasant
(b) Address Ashland Mo

While at work _____ (Specify type of place)
(e) Means of injury _____

19. (a) 2-2-40 (b) W. P. Pleasant
(Date received local registrar) (Registrar's signature)

23. Signature W. P. Pleasant (M. D. or other) _____
Address Ashland Mo Date signed 2-2-40

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 Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.