

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.

16
4

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

56
2075
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape County Registration District No. 120
 (b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 33
 (c) City Cape Girardeau (d) Street No. South East Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie Bryant
 (a) Residence, No. 220 N. Zuehlke St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2 widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF M. L. Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1861

7. AGE YEARS 79 MONTHS 9 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutchtown Missouri
 13. NAME Nathan Musch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Josephine Nash
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. G. J. Pennington
Fanslet Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Cape Girardeau DATE Jan 18 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank J. Howell
Cape Girardeau Mo.

20. FILED 1-16-41 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1941

22. I HEREBY CERTIFY That I attended deceased from 12-17-40 to 1-16-41 1941
 I last saw her alive on 1-16-41 1941 Death is said to have occurred on the date stated above, at 12:53 p.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset -

Other contributory causes of importance:
Cardio-renal-vascular disease

Name of operation home Date of -
 What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury -, 1941
 Where did injury occur? - (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury -
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify -
 (Signed) H. H. H. H. M. D.
 Address Cape Girardeau Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.