

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

Registration District No. 657

Primary Registration District No. 1-862

State File No. _____

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town "Rural", Little Prairie
(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 all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town "Rural" Little Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. 3/4 mile East of Braggadocio
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Martha Ellen Bryant

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased September 10, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business none

12. Name Narace Bryant Jr.

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

14. Maiden name Caroline Cain

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

16. (a) Informant Narace Bryant Jr.

(b) Address above Caruthersville, Mo.

17. (a) Burial (b) Date thereof June 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director F. Sarge and Co.

(b) Address Caruthersville, Mo.

19. (a) June 9, 1941 (b) Ada Masters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 5, 1941 to June 7, 1941
that I last saw her alive on June 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bacillary Colitis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

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? _____

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

23. Signature (Signature) (M.D. or other) _____

Address Caruthersville, Mo. Date signed 6/9/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9-41-16

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

J. W. Schuman

Licensed Embalmer No. *4086*

P. O. Address

Cynthiana, Ky.

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

If this body is not embalmed, fact should be so stated above.