

S. No. 2
M-9-4-41
Rev. 5-17-39
I X29284

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14960

State File No.

FILED MAY 12 1942

Registration District No. 523

Primary Registration District No. 5762

Registrar's No. 30

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: IN TEXAS BEND COMMUNITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)

In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. IN TEXAS BEND COMMUNITY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME GEORGE RUSSELL BRYANT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27TH
year 1942 hour 6 minute 30 A.M.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORENCE BRYANT

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JANUARY 8, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1932, 19... to March 27, 1942
that I last saw h. IM alive on March 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart distended

8. AGE: Years 55 Months 2 Days 19 If less than one day hr. min.

Due to Chr. Nephritis

Due to

9. Birthplace MISSISSIPPI COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 1318

Of autopsy none

MOTHER FATHER

12. Name GEORGE A. BRYANT

13. Birthplace STATE OF TENNESSEE
(City, town, or county) (State or foreign country)

14. Maiden name ALICE SMITH

15. Birthplace STATE OF TENNESSEE
(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 PAUL BRYANT

(b) Address CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 3-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1006 CHARLESTON, MO

18. (a) Signature of funeral director John F. Ammelie

(b) Address CHARLESTON, MO

19. (a) 3-29-42 (b) J. A. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
Means of injury 0

23. Signature E. Charles Young (M. D. or other) 0

Address Charleston Mo Date signed 3/28/42

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

67
00

740

RECEIVED

District Health Office No. 2,

District File Number 442-490

Date Filed 4-13-42

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

John F. Dannelley Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston, 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, fact should be so stated above.