S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24825

State File No.

Filed JUL 28 1942

Registration District No. 603

Primary Registration District No. 5799

Registrar's No.

72
0
0

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural Ill Sunset
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Delmo Labor Group colony 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles south of Morehouse 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ronald Bryant

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced X 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased 10 (Month) 19 (Day) 1939 (Year)

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

9. Birthplace Canalou (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Thedda Bryant
13. Birthplace Stewart Co. (City, town, or county) Ill; / (State or foreign country)

MOTHER
14. Maiden name Ethel Beard
15. Birthplace Rector (City, town, or county) Ark. / (State or foreign country)

16. (a) Informant Thedda Bryant
(b) Address Morehouse Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Matthews Mo.

18. (a) Signature of funeral director Hunter Albritton
(b) Address Sikeston Mo.

19. (a) July 25, 42 (Date received local registrar) (b) Mae Brown (Registrar's signature)

1032

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
year 1942 hour 2 minute 30 a M.

21. I hereby certify that I attended the deceased from 6-20, 1942, to 6-21, 1942
that I last saw him alive on 6-20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Collitis — Duration 1 week

Due to 2

Due to 120 a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. M. Sarno (M. D. or other) M D

Address Morehouse Mo Date signed 6-21-42

(Licensed Embalmer's Statement on Reverse Side)

11171

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 Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.