

S. No. 2  
M-1-4-41  
v. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34550**

FILED NOV 11 1942

Registration District No. **279**

Primary Registration District No. **4415**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County: **Pike**

(b) City or town: **Clarksville**

(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 years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Pike**

(c) City or town: **Clarksville**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country: **No—near Clarksville** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: **James Edward Bryant**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov 2nd**, day \_\_\_\_\_, year **1942**, hour **10 40**, minute \_\_\_\_\_, P.M.

21. I hereby certify that I attended the deceased from **Oct 27**, 19**42**, to **Nov 2nd**, 19**42**.

that I last saw **him** alive on **Nov 2nd**, 19**42**, and that death occurred on the date and hour stated above.

4. Sex: **Male**

5. Color of face: **White**

6. (a) Single, widowed, married, divorced, **Widower**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased: **Jan 25 1861**

(Month) (Day) (Year)

Immediate cause of death: **Prostration**

Due to: **Chronic Arthritis**

Duration: **years**

Other conditions: \_\_\_\_\_

Major findings: **59 lb**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years **81**, Months **9**, Days **7**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **Clarksville** **Mo**

(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Farmer**

11. Industry or business \_\_\_\_\_

12. Name: **Rosal Bryant**

13. Birthplace: **Clarksville** **Mo**

(City, town, or county) (State or foreign country)

14. Maiden name: **Ernestine Griffith**

15. Birthplace: **Clarksville** **Mo**

(City, town, or county) (State or foreign country)

16. (a) Informant: **Ernest Bryant**

(b) Address: **Clarksville Mo**

17. (a) **Burial** (b) Date thereof: **Nov 3/42**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Greenwood Emelery**

18. (a) Signature of funeral director: **Harry Harrold**

(b) Address: **Clarksville Mo**

19. (a) **Nov 3 1942** (b) **Flarence V. Roberto**

(Date received local registrar) (Registrar's signature)

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 near about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: **C. L. Bank** (M. D. \_\_\_\_\_)

Address: **Clarksville Mo** Date signed: **Nov 3-42**

1275 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-42-2002

Date Filed NOV - 9 1942

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 me

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

Signed Harry L. Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville 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.