

S. No. 2
M-542
V. 5-17-39
-I X32873

18789

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 89

FILED MAY 20 1943
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
Greeley street 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL.")

(d) Street No. Greeley
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Harry Bryant

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Polly Bryant

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 25 1890
(Month) (Day) (Year)

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

52 8 19 hr. min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.....

12. Name Isaac Bryant

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

14. Maiden name Lucy Hope

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

16. (a) Informant Mr. Jim Bryant

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 4/16/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Tom B. Baker

(b) Address Huntsville, Mo.

19. (a) 4-24-43 (b) Irma Howe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1943 hour 10:00 A. Minute..... M.

21. I hereby certify that I attended the deceased from March 10, 1943 to April 14, 1943
that I last saw him alive on April 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death C.A. of stomach - cardiac opening

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) H. L. B.

Major findings:
Of operations none

Of autopsy none

- Duration 2 yr

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?

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

23. Signature P. Dreyer (M. D. or other M.D.)
Address Huntsville, Mo. Date signed 4/24/43

MAY 26 1943
MAY 24 1943

RECEIVED
District Health Officer No. 10
District File Number 5-43-847
Date Filed May 20 1943

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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntersville MD

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.