

Registration District No. ~~176~~ 176

Primary Registration District No. 5659

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Miller R.R. 2  
(c) Name of hospital or institution: Residence of Mrs. J. W. Bryant  
(d) Length of stay: In hospital or institution. 7 1/2  
In this community 4 1/2 (Specify whether years, months or days) (Specify whether years, months or days) ohh his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Miller R.R. #2  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME George Wesley Bryant

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

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife L  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7-16-1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 9  
If less than one day hr. min.

9. Birthplace Lawrence Co. Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John I. Bryant

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

14. Maiden name Elizabeth Ann Stealy  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Francis Bryant  
(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 7-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb Cemetery

18. (a) Signature of funeral director  
(b) Address Miller Mo.

19. (a) 8-29-1942 (b) Anna W. Binney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25  
year 1943 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7-21 1943 to 7-25 1943  
that I last saw him alive on 7-24 1943  
and that death occurred on the date and hour stated above

Immediate cause of death Intestinal obstruction

Due to appendicitis

Other conditions (Include pregnancy within 3 months of death) 12 2 1/2 hr

Major findings: Of operations  
Of autopsy

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) (c) Means of injury  
23. Signature W. J. Burnard (M. D. or other)  
Address Miller Mo. Date signed 7-25-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 61  
District File Number 943-985  
Date Filed SEP 7 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

*E. B. Lemmon*

Licensed Embalmer No.

3297

P. O. Address

*Miller 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.**