

**FILE DEC 11 1943**  
Registration District No. **123**

Primary Registration District No. **2000**

Registrar's No. **928**

**1. PLACE OF DEATH:**  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**on railroad right-of-way abt. 100 yds. from Glenstone**  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution **14 years**  
In this community **14 years**  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1535 E. Walnut**  
(If rural, give location)  
Citizen of foreign country? **No**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Cullen C. Bryant**  
(b) If veteran, name war **Unknown** (c) Social Security No. **Unknown**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **November** day **15**  
year **1943** hour **11:00** minute **P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Padg Bryant** 6. (c) Age of husband or wife if alive **Unknown**  
7. Birth date of deceased **August 21, 1898**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**no physician in attendance**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **45** Months **2** Days **24**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Exposure to cold**  
Due to **Sleeping out on ground**  
Due to **Effect of Barbituric acid derivative. (Secoral)**  
Other conditions (Includes pregnancy within 3 months of death) **190**

9. Birthplace **Grubbs, Arkansas**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Real Estate Agent**  
11. Industry or business **Real Estate**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Scratches + contusions**  
**Congestion of lungs + kidneys**

**12. Name** **Charles C. Bryant**  
**13. Birthplace** **Cabool, Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Isabel Wooley**  
**15. Birthplace** **Unknown, Arkansas**  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** **Mrs. C. C. Bryant**  
(b) Address **Springfield, Missouri**

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) **Accident 135**  
(b) Date of occurrence **Nov. 15, 1943**  
(c) Where did injury occur? **Springfield Greene Inn**  
(City, town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**From railroad right-of-way abt. 100 yds from Glenstone, Va. (type of place)**  
While at work? **no** (e) Means of injury **Cold Exposure**  
**23. Signature** **Anna C. Stone Cover** (M. D. or other)  
Address **Springfield, Mo.** Date signed **11-20-43**

**17. (a) (Burial, cremation, or removal)** **Burial** (b) Date thereof **11-18-43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **East Lawn Cemetery**  
**18. (a) Signature of funeral director** **Alma Lohmeyer Funeral Home**  
(b) Address **534 ST. LOUIS STREET**  
**19. (a) 11-20-43** (b) **Springfield, Missouri**  
(Date received local registrar) (Registrar's Signature)

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

MOTHER, FATHER

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

MAY 2 1949

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 *Harlow Knab*

Licensed Embalmer No. *4065*

P. O. Address *Springfield 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.

*X*