

FILED MAR 8 1946

Registration District No. 356

Primary Registration District No. 6206

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

1. PLACE OF DEATH:

(a) County Leas

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

(c) Name of hospital or institution: inf

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 9 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Leas

(c) City or town Raymondville Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary J. Bryant

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb. day 12
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-6- 46 to 2-12 19 46
that I last saw her alive on 2-12- 19 46
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased Dec. 15 1868
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Duration 48 Hours

8. AGE: Years 85 Months 1 Days 27
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Young

(b) Address Raymondville

17. (a) Burial (b) Date thereof Feb 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Friendship

18. (a) Signature of funeral director Gaylord O. Elliott

(b) Address Houston Mo.

19. (a) Feb. 25-46 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

Major findings: Of operations gmv

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature Henry R. Roy (M. D. or other) D.O.

Address Houston, Mo Date signed 2-13-46

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RECEIVED

District Health Officer No. 5
District File No. 346193
Date Filed 3-7-46

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 Frank E. Hood
Licensed Embalmer No. 4026
P. O. Address. Houston, 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.