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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1946

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12213

Primary Registration District No. 1000

Registrar's No. 504

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)

In this community: 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 1726 5th. Avenue 7
(If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: Paulina Catharine Bryant

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 0

6. (b) Name of husband or wife: Alma Bryant

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

7. Birth date of deceased: March (Month) 13 (Day) 1865 (Year)

8. AGE: Years 81 | Months 1 | Days 7 | If less than one day: ____ hr. ____ min.

9. Birthplace: Carroll County (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Thomas Jasper Mattox

13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) 1

14. Maiden name: Jane Turner

15. Birthplace: Carrollton (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Katherine Warrington

(b) Address: 1726 5th. Ave., St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/22/1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1302 Faraon, St. Joseph, Missouri.

19. (a) May 1, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th. year 1946 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 5, 46, 19..., to April 20, 1946, that I last saw her alive on April 20, 1946, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Disease	
Arteri Sclerotic C	
Cardiac Failure	4 days
Due to Arteri Sclerosis	2 years
C Gangrene of left leg.	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 97	
Major findings: Of operations Gangrene of left Leg -	
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): none

(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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: H. G. Thompson (M. D. or other)

Address: 825 Charles St. Date signed: 4/23/46

3X (Licensed Embalmer's Statement on Reverse Side)

Gregg Thompson

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, 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.