S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17798

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: 347 Shotwell St.
(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)

In this community 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 347 Shotwell St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry Samuel Bryant

3. (b) If veteran, name war None

3. (c) Social Security No. None 486-05-9911

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adenia Swope

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

7. Birth date of deceased January 6, 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Mining

11. Industry or business Mining

FATHER
12. Name Henry Bryant
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jane Sinsibaugh
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adenia Bryant
(b) Address 347 Shotwell, Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Slope, Richmond

18. (a) Signature of funeral director Quest-Lile Funeral Home
(b) Address Richmond, Mo.

19. (a) May 31-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1946 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 3-20-46, 19..., to 5-25-46, 19...; that I last saw him alive on 5-25-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myelogenous Leukemia	1 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Dilitation of heart	?

Major findings:
Of operations: No
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thos T Cone (M. D. or other)
Address Richmond, Mo. Date signed 5-31-46

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-10-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.