

FILED MAR 5 1947

Registration District No. 157

Primary Registration District No. 5578

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County. Jasper

(b) City or town. RURAL; WEBB/CITY JOPLIN TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 Miles North Of Joplin Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 6 yrs.

3. (a) PRINT FULL NAME Nora Belle Bryant

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clerance Bryant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 12 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>0</u>	<u>8</u>	hr. _____ min.

9. Birthplace South Mound Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Wm. F. Humphrey

13. Birthplace No Data 9
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Little

15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clerance Bryant (husband)

(b) Address 2 Miles North Joplin Mo.

17. (a) Burial (b) Date thereof 2-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) Feb 22; 47 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 40

(a) State Missouri (b) County Jasper

(c) City or town Rural 2 Miles No. Of Joplin Mo
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1947 hour I minute 10 A M.

21. I hereby certify that I attended the deceased from January 14, 1947, to February 19, 1947, that I last saw her alive on Feb 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Dorsalis

Due to Syphilis

Due to _____

Other conditions Paralysis of bladder; gastritis 2 mo
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 0

23. Signature Richard J. Lewis (M. D. or other) M.D.
Address Webb City, Mo. Date signed 2/20/47

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47-2-116

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. A. Kralje*

Licensed Embalmer No. *2185-9*

P. O. Address..... *North Perry*

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.