

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21873

FILED JUN 20 1947

State File No. _____

Registration District No. 277

Primary Registration District No. 5952

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Curryville, Spencer Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution sixty-five years (Specify whether
In this community sixty-five years years, months or days)

3. (a) PRINT FULL NAME Ulysses Grant Bryant

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex M 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Georgia Mae Bryant
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct. 31 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Bryant
13. Birthplace Kentucky (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wilford Bryant

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof June 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville, Mo.

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo.

19. (a) June 9, 1947 (b) Bill Robinson
(Date received local registrar) (Registrar's signature) 54

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Curryville, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6
year 47 hour 7 minutes 20 P.M.

21. I hereby certify that I attended the deceased from 12-3-
1946 to 6/4 1947
that I last saw him alive on 6/4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion, h.v.
Due to Chronic Cardiovascular disease. Hypertension 3 yrs.
Due to Severe arteriosclerosis 10 yrs.

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

Major findings:

Of operations _____

Of autopsy _____

Duration

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) Means of injury 2

23. Signature Dr. G. R. Dougherty, M.D. (M. D. or other) do
Address Vandalia, Mo. Date signed 6/9/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 6-47-248
Date Filed JUN 18 1947

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 *William B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia M*

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.