

No. 2  
12-45  
17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24544

Registration District No. 256 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Gasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution few days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee  
(c) City or town Barter Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 502 West (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Mary Bell Bryant

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 482-90-0203

4. Sex Female 5. Color of face white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 4 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Berry Brees

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

14. Maiden name Margaret Ann

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

16. (a) Informant Mrs Eugene Rempton

(b) Address Barter Springs Kans.

17. (a) Removal (b) Date thereof 6-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barter Springs Kas.

18. (a) Signature of funeral director Wene Funeral Home

(b) Address Barter Springs Kans.

19. (a) 7-1-47 (b) Bellevue Sanphing Dr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27  
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-10-47  
to 6-27, 1947.  
that I last saw her alive on 6-27, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Due to Cerebral emboli and  
Endocarditis and Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(c) 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 3  
Signature L C Dickrell or other Dr  
Address Barter Springs Kas. Date signed 6-28-47

47-7-632  
1901 JUN

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 Wene Funeral Home,  
working under my personal supervision.

Signed J. Lance Wene, Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 2880  
P. O. Address Baxter Springs

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.