No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27259

Primary Registration District No. 4180

Registrar's No. 20

35
0
3

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Campbell (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 ..... (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dunklin

(c) City or town: Campbell R. R. # 1 (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: —

3. (a) PRINT FULL NAME: Larry Dean Bryant

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Child

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: June (Month) 1 (Day) 1941 (Year)

8. AGE: Years 6 | Months 2 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Campbell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Charles Bryant
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Baker
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Bryant

(b) Address: Campbell, Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Four-Mile

18. (a) Signature of funeral director: Landers Funeral Home

(b) Address: Campbell, Mo.

19. (a) Aug. 16, 1947 (Date received by local registrar) (b) Mrs. Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1947 hour ..... minute 6:00 A.M.

21. I hereby certify that I attended the deceased from Aug. 11, 1947 to Aug. 11, 1947 that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Was taken ill on arrival at my office - as was at Could tell he died of Strepto-Coccic Sore throat	20 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 115B	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? Means of injury:

23. Signature: Dr. J. Pinkerton (M. D. or other)

Address: Campbell, Mo. Date signed 8/15/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 847-1189
Date Filed 8-20-47

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.....

Not Embalmed

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.