

FILED DEC 2 1947  
Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **174**

1. PLACE OF DEATH:

(a) County **Vernon**  
(b) City or town **Nevada** (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital 3 2** (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 yrs. & 4 mos.** (Specify whether years, months or days)  
In this community **10 yrs 4 months**

3. (a) PRINT FULL NAME **GEORGE-S-BRYANT**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **wh.** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **March 25, 1857** (Month) (Day) (Year)

8. AGE: Years **90** Months **7** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **farmer**

11. Industry or business **none**

MOTHER FATHER { 12. Name **John Bryant**

13. Birthplace **unknown Virginia** (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Records State Hosp 3**

(b) Address **Nevada Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 21, 1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newton Burial Park**

18. (a) Signature of funeral director **William J. Kemp**

(b) Address **Nevada Mo.**

19. (a) **11-24-47** (b) **Kathryn Yancy** (Date received local registrar) (Registrar's signature) **2/21**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Vernon**  
(c) City or town **Nevada** (If outside city or town limits, write "RURAL")  
(d) Street No. **300 S. College** (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19** year **1947** hour **5** minute **45P** M.

21. I hereby certify that I attended the deceased from **Oct 1939** to **Nov 19 1947** that I last saw him alive on **Nov 19 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Degenerative**

Due to **Myocarditis**

Due to \_\_\_\_\_

Other conditions **Fracture Rt Hip** (Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**

Of autopsy **no autopsy**

22. If death was due to external causes, fill in the following: **Not a cause**

(a) Accident, suicide, or homicide (specify) **Fall**

(b) Date of occurrence **October 1, 1947**

(c) Where did injury occur? **Nevada Vernon Mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on ward**

While at work? **no** (Specify type of place) (e) Means of injury **Fracture Rt Hip**

23. Signature **Paul L. Barone** (M. D. or other)

Address **State Hosp 3** Date signed **Nov 19**

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

DEC 10 1949

RECEIVED  
District Health Officer No. 2,  
District File Number 11-47-1334  
Date Filed 12-1-49

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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. 2070  
working under my personal supervision.

Signed H. H. Marinaduke

Licensed Embalmer No. 2070

P. O. Address Wooda, Miss.

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, above space should be left blank.