

FILED JUN 9 1948

State File No.

Registration District No. 272

Primary Registration District No. 4898

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Bemissit

(b) City or town Holland  
(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)

In this community 11 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bemissit 78

(c) City or town Holland 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Freddie Mae Bryant

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

4. Sex F 3 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lam Bryant 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years 36 Months 5 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Holly Spring Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Frank Williams

13. Birthplace Holly Springs Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Williams

15. Birthplace Holly Springs Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Williams

(b) Address Holland Miss

17. (a) Burial (b) Date thereof 5-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Hermon Trent Co

(b) Address Steele Miss

19. (a) 6-6-48 (b) L. S. Williams  
(Date received local registrar) (Registrar's signature) (C) 119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1948 hour 3 minute 26 P. M.

21. I hereby certify that I attended the deceased from 24 hours  
before death to death May 27, 1948  
that I last saw him alive on 26 + 27 + 28 5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death J. B. of lungs

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

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

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)

23. Signature L. S. Williams (M. D. or other) \_\_\_\_\_  
Address Steele Miss Date signed 6.3.48

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

108

MOTHER FATHER COPY

6-48-179

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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.....

working under my personal supervision.

Signed.....

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.