DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 21972

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 82

**1. PLACE OF DEATH:**

(a) County Vernon

(b) City or town Rural Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr 7 mo 2 dy (Specify whether)

In this community 2 years 7 months 2 days (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jasper

(c) City or town Carthage 49 (If outside city or town limits write "RURAL")

(d) Street No. 1239 James 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years 2

**3. (a) PRINT FULL NAME** INEZ BRYANT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Mack Bryant

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 9 (Month) 23 (Day) 1892 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 8 | 17 | hr. min. |

9. Birthplace Carthage Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name W. Harvey Tharp
13. Birthplace Mo (Buchanan Co.) (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Lacey Knight
15. Birthplace Mo (Jasper, Co) (City, town, or county) (State or foreign country) 0

16. (a) Informant Hospital record

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-48 (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo

19. (a) 6-14-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 2211

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 10 year 1948 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 3-24, 1948 to 6-10-, 1948 that I last saw her alive on 6-10-, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | |
| Due to ✓ | |
| Due to ✓ | |
| Other conditions Epilepsy (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ✓ | |
| Of autopsy ✓ | |

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R G Hall O (M. D. ~~or other~~)

Address Nevada Mo Date signed 6-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 5-48-
Date Filed 6-19-4

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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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**