

FILED AUG 13 1948

Registration District No. **209**

Primary Registration District No. **4320**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. North Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter R. Bryant

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 20 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER
12. Name No record
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant: Nathaniel Bryant
(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra, Missouri

19. (a) 8/11/48 (b) Deputy Registrar
(Date received local registrar) (Registrar's signature) Address Palmyra, Mo. Date signed 8/11/48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1948 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from Aug 9 1948 to Aug 9 1948
that I last saw him alive on Aug 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) HP

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Walter R. Bryant (M. D. optional)
Address Palmyra, Mo. Date signed 8/11/48

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 Leola Lewis

Licensed Embalmer No. 2582

P. O. Address Caloupa, N.Y.

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.