S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1948

Registration District No. 228

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30463

Primary Registration District No. 5808

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: High Hill Mo
(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: 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Montgomery

(c) City or town: High Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: George W. Bryant

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Daisy B. Bryant

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

7. Birth date of deceased: Sept 22nd 1870 (Month) (Day) (Year)

8. AGE: Years 78 | Months ____ | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace: Warren Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business ____

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

MOTHER
14. Maiden name: No
15. Birthplace: No (City, town, or county) (State or foreign country)

16. (a) Informant: Forest Bryant
(b) Address: High Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Pleasant Cem

18. (a) Signature of funeral director: C. W. Hopkins
(b) Address: Montgomery City Mo

19. (a) 10-4-48 (Date received local registrar) (b) Mrs Mary Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 10 day: 1 year: 1948 hour: 4 minute: 30 M.

21. I hereby certify that I attended the deceased from Mar. 6, 1948 to Oct. 1, 1948 that I last saw him alive on Sept. 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Gangrene of left leg from embolism of popliteal artery — Duration: From Sept 8

Due to: Chronic endocarditis & myocarditis — Duration: Sev. yrs.

Due to: ____

Other conditions (Include pregnancy within 3 months of death): Arthritis deformans, arteriosclerosis, senility

Major findings:
Of operations: ____
Of autopsy: 935

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: C. H. Thompson (M. D. or other) DO.
Address: New Florence Mo Date signed: 10-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10/7/48

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~~ on the 1 day of Oct 1948, Registered Apprentice No. ....., working under my personal supervision.

Signed A. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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.