

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19131

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>King City Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>King City</b>	
c. LENGTH OF STAY (In this place) <b>All life</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HELEN VINONA BRYANT Home</b>		d. STREET ADDRESS (If rural, give location) <b>5</b>	

3. NAME OF DECEASED (Type or Print) <b>Helen Vinona Bryant</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 21. 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11.20.1900</b>	9. AGE (In years last birthday) <b>48</b> IF UNDER 1 YEAR <b>7</b> MONTHS <b>1</b> DAY <b>1</b> HOUR <b></b> MIN. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>		11. BIRTHPLACE (State or foreign country) <b>Gentry Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>Elmer Culver</b>		13b. MOTHER'S MAIDEN NAME <b>Mary O. Guest</b>		14. NAME OF HUSBAND OR WIFE <b>Raymond Bryant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Bryant</b> ADDRESS <b>King City Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b> <b>42.22</b> <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Diabetes - Hypertension</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

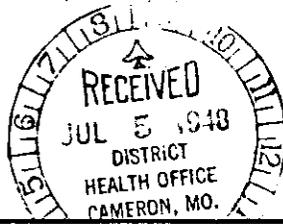
22. I hereby certify that I attended the deceased from May 1937, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Jack H. Barnes D.D.</b> (Degree or title)		23b. ADDRESS <b>King City Mo.</b>		23c. DATE SIGNED <b>6.23.49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6.23.1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>King City</b>	
24d. LOCATION (City, town, or county) (State) <b>King City Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>R. J. Taggart</b>		24f. ADDRESS <b>King City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 27-49</b>		REGISTRAR'S SIGNATURE <b>Mr. Carl Lehler</b> 430			

(Licensed Embalmer's Statement on Reverse Side)

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

07618 T 1007



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.....

Student Embalmer No. ....

working under my personal supervision.

Signed *R. G. Taggart*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City Mo.

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, fact should be so stated above.