

7. S. No. 2
DOM-5-43
ev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16208**

FILED MAY 16, 1945

Registration District No. **1**

Primary Registration District No. **5-041**

4024

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Cassville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Billie Mat Bryant**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** **5. Color or race** **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **February 11 1932**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
13	2	20	_____ hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **School Child**

11. Industry or business _____

12. Name **William Bryant**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Johannie England**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Bryant**

(b) Address **Cassville, Missouri**

17. (a) Burial **(b) Date thereof** **May 4 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sparks Cemetery**

18. (a) Signature of funeral director **Culver Funeral Home**

(b) Address **Cassville, Missouri**

19. (a) May 10 1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st**
year **1945** hour **6:45** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on **May 1**, 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Intra-abdominal hemorrhage**

Due to **accidental gunshot wound**

Due to _____

Other conditions **184-8**
(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) **Accident**

(b) Date of occurrence **May 1, 1945**

(c) Where did injury occur? **Cassville Barry Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? **No** (Specify type of place) (e) Means of injury **22 rifle**

23. Signature **Geolorna...** M.D. or M.P.

Address **Cassville Mo** Date signed _____

1077

RECEIVED

District Health Officer No. 6,

District File Number 545-5831

Date Filed MAY 14 1945

JUN 16 1945

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 *Margaret Culver*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.