

FILED JUL 10 1947

Registration District No. 336

Primary Registration District No. 6125

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Shannon
 (b) City or town Rural
(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 55 years

3. (a) PRINT FULL NAME ALMEDA BRYANT
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 7. (b) Name of husband or wife George Bryant
 7. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 2 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: _____

MOTHER FATHER

12. Name: Benjamin Jackson

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Ala Bryant

(b) Address: Bureau

17. (a) (b) Date thereof: 6-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Forest Cemetery

18. (a) Signature of funeral director: G. V. Elliott

(b) Address: 101

19. (a) (b) (Date received local registrar) (Registrar's signature) exp

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shannon
 (c) City Summersville Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
 year 1947 hour 6 minute 3 A.M.
21. I hereby certify that I attended the deceased from 1947 to JUNE 10 1947
 and that death occurred on the date and hour stated above.
 that I last saw her alive on JUNE 10 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis
 Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 90
 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? 2

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature: Laverie Hampton (M. D. or other) Do

Address Summersville Date signed June 14

RECEIVED

District Health Officer No. 5,

District File Number 747362

Date Filed 7-8-47

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 Gaylad Elliott

Licensed Embalmer No. 225-2

P. O. Address Cabool 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.