

FILED NOV 15 1947
Registration District No. **20976**

Primary Registration District No. **6018**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural, Fishing River Twns
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Four miles N.E. of Excelsior Spgs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**

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

(d) Street No. 4 mi. N.E. of Excelsior Spgs.
(If rural, give location)

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

3. (a) PRINT FULL NAME LAWSON LEE 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 Married

6. (b) Name of husband or wife Isabel 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 4 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	6	0	hr. _____ min.

9. Birthplace Newport Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Minister & Farmer

11. Industry or business _____

12. Name Annie Lee Bryant

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

14. Maiden name Sarah Sisk Tennessee
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. L. L. Bryant

(b) Address Rt. 2, Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 10-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newgardes Cemetery

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 10/8/47 (b) John F. Lasker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10 1945
to Oct 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Duration 903 years

Due to Arterial Sclerosis

Other conditions none made
(Include pregnancy within 3 months of death)

Major findings:
Of operations none made
Of autopsy none made

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? _____

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

23. Signature John F. Grace (M. D. or other) MD
Address Excelsior Springs, Mo Date signed 10-6-47

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

RECEIVED

District Health Officer No. 8,

Case File Number

Filed

11-14-47

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 _____

E. E. White

Licensed Embalmer No. 4168

P. O. Address

Excelsior Springs, 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.