No. 2
11-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17454

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1981

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4014 East 18th 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Over 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4014 East 18th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Will H. Bryant 653

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carrie P. Bryant

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

7. Birth date of deceased May (Month) 5 (Day) 1857 (Year)

8. AGE: Years 83 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Retired Accountant

11. Industry or business

FATHER
12. Name Wm. H. Bryant
13. Birthplace x (City, town, or county) Carolina (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Lewis
15. Birthplace x (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs. Carrie P. Bryant

(b) Address 4014 East 18th Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) May 13, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 5-11-40 year hour minute 9:20 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19, to, 19; that I last saw alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute coronary occlusion

Due to Acute myocardial infarction

Due to

Other conditions 9412 (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)

(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? 361 (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Victor W. Fisher (M. D. or other)

Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Roscoe H Keeler

Licensed Embalmer No. P3738

P. O. Address K.C. 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, above space should be left blank.