. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34353

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3869

OCT 12 1940

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

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: 5000 Sunset Drive (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 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") 0

(d) Street No. 5000 Sunset Drive (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Louis Marion Bryson

3. (b) If veteran, name war none

3. (c) Social Security No. 140-09-7704

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Drusilla E. Bryson

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August (Month) 23 (Day) 1897 (Year)

8. AGE: Years 43 Months 1 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace King City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Branch Manager 0

11. Industry or business Drive-it-Yourself Motor Jersey City, N.J. 0

FATHER
12. Name Sidney J. Bryson
13. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Wilson
15. Birthplace Clinton County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Drusilla E. Bryson

(b) Address 5000 Sunset Drive

17. (a) removal & burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Winslow Cemetery King City, Missouri

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-7-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1940 hour 2 minute 45A. M.

21. I hereby certify that I attended the deceased from 6/18/40, 19__, to 10/6/40, 19__; that I last saw him alive on 10/5/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to malignant hypertension	1938
Due to	
Other conditions (Include pregnancy within 3 months of death) 82a	

Major findings:
Of operations —
Of autopsy — no

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) no

(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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature R. Claffey M.D. (M.D. or other)

Address 1103 Grand Date signed 10/7/40

(Licensed Embalmer's Statement on Reverse Side)

Mr. Bryson

Professional Bldg

JUL 31 1944

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 C. Hervey Quisenbe

Licensed Embalmer No. 4070

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, fact should be so stated above.