

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34485**

NOV 1 1940
Registration District No. **309**

Primary Registration District No. **1002**

Registrar's No. **4001**

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: **General Hospital #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10-16-40-10-16-40** Street No. **1609 Forest Ave.**
(Specify whether (If rural, give location)
In this community **6 hrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Infant Bryant**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Singel**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **10 16 1940**
(Month) (Day) (Year)

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

9. Birthplace **Kansas City Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **Hugle Bryand**
18. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Elenor McWee**
15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **Gen. Hosp. #2**

17. (a) **Blue Ridge Lawn** (b) Date thereof **Oct 19 1940**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **Grady's Funeral Home**

(b) Address **1119 East 18th St.**

19. (a) **10-18-40** (b) **M. M. Groome**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **16**
year **40** hour **6** minute **10 P. M.**

21. I hereby certify that I attended the deceased from **10-16-1940** to **10-16-1940**

that I last saw h **er** alive on **10-16-1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Premature**

Due to _____

Due to _____

Other conditions **159**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **B. O. Shivers** (M. D. or other) _____

Address **Gen. Hosp. #2** Date signed **10-18-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.