

No. 2
-13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41908
State File No.
1354
Registrar's No.

Registration District No. **85**
Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(d) Length of stay: In hospital or institution **37 years 6 mo**
In this community **37 1/2 months, 2 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. _____
(e) If foreign born, how long in U. S. A? _____ years

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **24th**
year **1940** hour **11** minute **50** P. M.
21. I hereby certify that I attended the deceased from **September 11th**, 19**40**, to **December 24th**, 19**40**;
that I last saw h. **en** alive on **December 24th**, 19**40**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced, **widowed**
(b) Name of husband or wife **Robert Graham Bryant**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 19 1872**
(Month) (Day) (Year)
8. AGE: Years **68** Months **11** Days **5**
If less than one day hr. _____ min. _____

Immediate cause of death **Peritonitis** Duration **24 hr**
Due to **Perforation of int.**
Due to **incarcerated in-guinal hernia**
Other conditions **None**
Major findings: **Inguinal hernia, at, gangrenous, incarcerated**
Of operations **hernia inguinal, c perforation**

9. Birthplace **Missouri**
10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **Christopher Russell**
13. Birthplace **Missouri**
14. Maiden name **Mary Rebecca Barker**
15. Birthplace **Kentucky**
16. (a) Informant **Elizabeth Russell**
(b) Address **805 W. Gregory, K.C. Mo**
17. (a) **Remove** (b) Date thereof **12-26-40**
(c) Place: burial or cremation **Kansas City Mo**
18. (a) Signature of funeral director **Wm. J. McKeen**
(b) Address **Kansas City Mo**
19. (a) **12/26/40** (b) **W. Mastlebus**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **85**
While at work? _____ (e) Means of injury _____
23. Signature **Kenneth Thompson** (M. D. or other) **1**
Address **State Hosp #2 St. Joseph, Mo** Date signed **12-25-40**

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

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, fact should be so stated above.