S. No. 2
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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13526

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1507

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: 1725 Swope Parkway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1725 Swope Parkway (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? --- 0 years.

3. (a) PRINT FULL NAME Mr. William Ralph Bryson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Georgia Bryson

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 14 (Day) 1888 (Year)

8. AGE: Years 53 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Emporia (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Engineer

11. Industry or business A-T- & Santa Fe R.R.

FATHER
12. Name Allen Bryson
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Lenora Stainbrook
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant W. R. Insley

(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 16 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1941 hour 3 minute 35 A. M.

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

Immediate cause of death Acute pulmonary congestion

Due to Acute coronary occlusion

Due to Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations 94a

Of autopsy Yes

Duration

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? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) 0

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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

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.