. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27396

Registration District No. FILED SEP 13 1941

Primary Registration District No. 1002

Registrar's No. 3054

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C.T.B. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 12 days
(Specify whether years, months or days)

In this community 25 years

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. 1815 E 18th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Bryant

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 15 (Day) 1900 (Year)

8. AGE: Years 40 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Grant Bryant
13. Birthplace Boles County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Cordelia Doolin
15. Birthplace Boles County (City, town, or county) Mo (State or foreign country)

16. (a) Informant K.C.T.B. records

(b) Address Leeds Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 14 (Day) 1941 (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Nathan [illegible]

(b) Address 1520 N 5th St

19. (a) 8/13/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8th year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 25th 1941 to Aug. 8th 1941 that I last saw him alive on Aug. 8th 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 mo 12 d.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B

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 [illegible] (M. D. or other)

Address K.C.T.B. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

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 Nathan M Matcher

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.