

Registration District No. 149 Primary Registration District No. 1002

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
In this community 6 years (Specify whether 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")
(d) Street No. 1216 West 71st St. Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nancy Bryant
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2/6 day 43 year _____ hour _____ minute 5 P M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband James Bryant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 17th 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 11-42 to Feb 6 1943
that I last saw her alive on Feb 6 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 5 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia
Due to Carcinoma of the uterus
Due to 48 B

9. Birthplace Jackson County Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings of autopsy or operations of uterus, metastasis to vertebrae
Of autopsy hypostatic pneumonia

10. Usual occupation Home wife
11. Industry or business _____
12. Name David Bryant
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Belle Branger
15. Birthplace Ohio (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Burton S. Ministo
(b) Address 1716 West 71st Terrace
17. (a) Private Burial (b) Date thereof Feb. 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation West Vernon Iowa
18. (a) Signature of funeral director Thomas Murray
(b) Address 104 West 42nd St. E. Mo.
19. (a) 2/7/43 (b) M. M. Brown
(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) _____
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. C. Dumas M.D. (M. D. or other) _____
Address 311 Argonne Bldg. C. Mo. Date signed 2/7-43

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

MOTHER FATHER

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.....

Clarence W. Chiles

Licensed Embalmer No.....

3473

P. O. Address.....

Lo e Moo

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.