S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13068

FILED MAY 6 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1940

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. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 3 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Owensville 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mr. John E. Bryan

3. (b) If veteran, name war None

3. (c) Social Security No. 497-01-2759

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Laura Bryan

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

7. Birth date of deceased April (Month) 7 (Day) 1878 (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Linn (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Manager

11. Industry or business Union Pipe Co., Owensville, Mo.

FATHER
12. Name John Bryan
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Mary Mason
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Laura Bryan
(b) Address Owensville, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville, Missouri

18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4/25/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1943 hour 1 minute 00 A.M.

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

Immediate cause of death Acute coronary thrombosis with rupture of left ventricular wall and

Due to 94a

Due to

Other conditions Pulmonary infarction
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 Maurice L. Jones (M. D. ~~[illegible]~~)
Address St. Luke's Hosp. Date signed 4-25-43

(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.....

Licensed Embalmer No. Emile M. Colbo

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.