

S. No. 2
M-243
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33719

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4403
Registrar's No. 4403

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

FILED NOV 1 1943
ED. NOV 1 1943
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution: Home 729 Proost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 25 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 729 Proost Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH-J. BRYANT

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct - day 17th
year 1943 hour _____ minute a M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw her alive on 8-10 1943
and that death occurred on the date and hour stated above.

4. Female 5. Color fr White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov-27-1874
(Month) (Day) (Year)

Immediate cause of death Carcinoma Stomach
Duration 7

8. AGE: Years 68 Months 10 Days 20 If less than one day _____ hr. _____ min.

Due to _____
Due to 4 1/2

9. Birthplace YELLYVILLE ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER { 11. Industry or business _____
12. Name John W. Briggs
13. Birthplace Yellyville Ark
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

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

16. (a) Informant MRS JOHN BRYANT
(b) Address DUNDEE HILLS MO

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?

17. (a) BURIAL (b) Date thereof OCT. 19 -43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT-MORIAN.CEM.

18. (a) Signature of funeral director MORTON S FUNERAL HOME
(b) Address NORTH KANSAS CITY MO
19. (a) 10-18-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

While at work: (Specify type of place) (a) Means of injury _____
23. Signature J. E. Brown (M. D. or other) _____
Address North KC, MO Date signed 10/18/43

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

John S. Morton

Licensed Embalmer No.

4349

P. O. Address

No Kansas City 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.