

No. 2  
-12-45  
5-17-39  
X47070

State File No. 13378  
Registrar's No. 1816

FILED MAY 5 1947  
Registration District No. 177

Primary Registration District No. 1002

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: Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 3-18-47  
(Specify whether years, months or days) as above

3. (a) PRINT FULL NAME Alvin E. Bryant

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Lucy Bryant

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 9 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>10</u>	.....hr. ....min.

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

10. Usual occupation retired farmer

11. Industry or business X

MOTHER FATHER

12. Name John C. Bryant

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hulse

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

16. (a) Informant Mrs. Lucy Bryant

(b) Address Wellington, Missouri

17. (a) removal (b) Date thereof 4-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-22-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 54

(c) City or town Odessa  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 0  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1947 hour 2:55 minute A. M.

21. I hereby certify that I attended the deceased from March 18 1947 to April 19 1947  
that I last saw him alive on April 18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death encephalitis (unproved)  
Neurological consultation failed to shed any light

Duration about 60 days

Due to Neurological consultation failed to shed any light

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None - 40%

Of operations Refused -

Of autopsy Refused -

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? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. J. J. ... (M. D. or other) MD  
Address 934 Maple Blvd, Kansas City, Mo Date April 22, 1947

Dr. C. R. Farris

*aug 1910*

**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 *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *Mc 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.**