

No. 300  
-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40031

State File No. \_\_\_\_\_

Registrar's No. **5302**

Registration District No. **149**

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: Hospitapathic Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 13 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sue Mack Bryant

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe

5. Color or race wh

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 aug-3-1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Charles Coffman

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

14. Maiden name Sally F. Parkwood

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

16. (a) Informant ms Dora G. Moore

(b) Address 126 E. 65th Terrace

17. (a) burial  
(Burial, cremation, or removal)

(b) Date thereof 12-30-48  
(Month) (Day) (Year)

(c) Place: burial or cremation memorial Park

18. (a) Signature of funeral director J. S. Waldor

(b) Address R. E. mo.

19. (a) 12-29-48 Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

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

(d) Street No. 126 E. 65th Terrace  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28  
year 1948 hour 8:00 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from Dec. 25 1948 to Dec. 28 1948  
that I last saw her alive on Dec. 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilation of heart Duration 12 hrs.

Due to myocarditis 2 yrs

Due to coronary sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93.D

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
F. W. Thompson  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature F. W. Thompson (M. D. or other) DO  
Address 705 Bryant Bldg Date signed 12-29-48

Mr Fred Thompson  
705 Bryant Ridge

---

---

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 J. S. Walton

Licensed Embalmer No. 2744

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.**