

FILED JAN 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 210

0117

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

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>66</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | d. STREET ADDRESS (If rural, give location) <u>1327 S. 17th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Burton</u> c. (Last) <u>Bryson</u> | | | |
| 4. DATE OF DEATH <u>Jan. 17, 1950</u> | | 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Jan. 30, 1905</u> | | 9. AGE (In years last birthday) <u>44</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> | | IF UNDER 24 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookbinder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>West. Tab. St. Joe. Mo.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Tablerock, Nebraska</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William J. Bryson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eliza Shapard</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gladys Bryson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys Bryson, St. Joseph, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pulmonary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma-Brachial</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr - 2 months</u> <u>since childy</u> <u>24 hr</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>9-28-47, 19</u> , to <u>1-17-50, 19</u> , that I last saw the deceased alive on <u>1-17-50, 19</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 23b. ADDRESS <u>217 P & S Bldg. St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>1-18-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1/19/1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | |
| DATE REC'D BY LOCAL REG <u>Jan. 23, 1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |

Dr. Deane

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 3195 10th St. Joseph, 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.