

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12486**
1753

FILED MAY 14 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>5937 Lester 2788</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1931 Norton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>R.</u> c. (Last) <u>BRYANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 15, 1895</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>9</u> IF UNDER 14 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping Leon, Iowa</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Cottrell</u>		14. NAME OF HUSBAND OR WIFE <u>James C. Bryant</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James C. Bryant</u>	
				ADDRESS <u>Kansas City, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u>		DUE TO (b) <u>Abdominal carcinomatous</u>				<u>6 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____				<u>2 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>not</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 2-1, 1951, to 4-23, 1951, that I last saw the deceased alive on 4-22, 1951, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand, Kansas City, Mo</u>		23c. DATE SIGNED <u>4-23-51</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify)		24b. DATE <u>April 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richwood Mission</u>	
				24d. LOCATION (City, town, or county) (State) <u>Richwood Missouri</u>	
DATE REC'D BY LOCAL REG <u>4-23-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ernest H. Lett</u>	
				ADDRESS <u>Richmond, Missouri</u>	

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

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 George D. Lile

Licensed Embalmer No. 4066

P. O. Address Richardson, Minn.

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.