

REC'D OCT 6 1952

STANDARD CERTIFICATE OF DEATH

State File No. **30763**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1029

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		d. STREET ADDRESS (If rural, give location) 2708 Monterey St.	

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Leavel c. (Last) Bryant			4. DATE OF DEATH (Month) (Day) (Year) September 21, 1952		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH December 20, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 10 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. teacher		10b. KIND OF BUSINESS OR INDUSTRY public schools		11. BIRTHPLACE (State or foreign country) New Market, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Simeon H. Bryant		13b. MOTHER'S MAIDEN NAME Zerelda C. Bryant		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unk.		17. INFORMANT'S SIGNATURE OR NAME Sallie J. Bryant, 2708 Monterey, St. Joseph, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum & metastasis		INTERVAL BETWEEN ONSET AND DEATH 2 3/4 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)		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 8/18, 1952, to 9/21, 1952, that I last saw the deceased alive on 9/20, 1952 and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE Mary Redmond, M.D. (Degree or title)		23b. ADDRESS St Joseph, Mo.		23c. DATE SIGNED 9/22/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/23/1952		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan Co nty, Missouri	
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DATE REC'D BY LOCAL REG. Oct 2, 1952		REGISTRAR'S SIGNATURE Carl C. Carter		25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman		ADDRESS Funeral Home St Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1117

0117

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154X

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 Jernell Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Jax

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.

[Handwritten scribbles]