REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14042
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 1796

(c) or City Kansas City, Mo. (d) Street No. 3639 Charlotte St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1650 Mrs. Sallie Conwell Bryan

(a) Residence, No. 3639 Charlotte St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 4, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Henry B Conwell 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

MOTHER
15. MAIDEN NAME Jennie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Sallie Campbell, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE May 1 1939, 19

19. FUNERAL DIRECTOR (NAME) C. H. Bluhmann & Son
(ADDRESS) 2825 Indep. K.C. Mo.

20. FILED Apr 30, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Apr. 28, 1939
I last saw her alive on Apr. 29, 1939. Death is said to have occurred on the date stated above, at 6:30 m. PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Ap 24
872	
Other contributory causes of importance: apoplexy	1938

Name of operation ✓ Date of
What test confirmed diagnosis? Imma Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. Khaenzi, M. D.
(Address) 314 Shukert Bldg K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.