S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34533

Registration District No. NOV 12 1940 Primary Registration District No. 1002 Registrar's No. 4049

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 426 Prospect 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 41

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL") 0

(d) Street No. 426 Prospect
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Lulu Evans Bryant

3. (b) If veteran, name war None

3. (c) Social Security No. 496-01-9113

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. H. Bryant

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January (Month) 6 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	13	hr. ____ min.

9. Birthplace Pennsylvania (City, town, or county) ____ (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business Home 9

FATHER
12. Name Dr. Evans 1
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Norecord
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Bryant
(b) Address 426 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K.C. Mo.

19. (a) 10-22-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th. year 1940 hour 8 minute 5 P. M.

21. I hereby certify that I attended the deceased from Oct 11, 1940 to Oct. 19, 1940 that I last saw her alive on Oct. 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver — Duration

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: 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? (Specify type of place)
While at work? — (e) Means of injury 9

23. Signature L. Raymond Hall (M. D. or other) D.O.
Address 2603 Audubon Blvd Date signed 10-21-40

(Licensed Embalmer's Statement on Reverse Side)

Independence & Prospect

2603 Indep.
Ct 06 2

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 Theron A. Redmon

Licensed Embalmer No. 2737

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.