

No. 2  
1-10-39  
-17-39  
X21492

FILED JAN 25 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42746

State File No. \_\_\_\_\_

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 125 E. Waldo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 2

8. (a) PRINT FULL NAME WILLIAM P. BRYANT

8. (b) If veteran, name war None 8. (c) Social Security No. 496-09-9287

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 11, 1903  
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Courtney Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Off Baron

11. Industry or Business Baro mill

12. Name Eugene P. Bryant

13. Birthplace Osborne Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucie Mae Smith

15. Birthplace Osborne Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene P. Bryant

(b) Address Osborne Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 12/26/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Glenn Hills Cem.

18. (a) Signature of funeral director Carol C. Caran

(b) Address Independence Mo.

19. (a) Dec. 24 1940 (b) H. B. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 125 E. Waldo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 12-23-40  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7:00 a. 19\_\_\_\_  
that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute pulmonary congestion  
Due to \_\_\_\_\_

Acute & chronic cardiac dilatation  
to \_\_\_\_\_

Coronary atherosclerosis  
Other conditions (Include pregnancy within 3 months of death) 94 P2

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

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? 3600  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Walter H. Cook (M. D. or other) 5

Address \_\_\_\_\_ Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision:

Signed..... *Lloyd C. Carson*  
Licensed Embalmer No. *4199*  
P. O. Address *Independence*

**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, above space should be left blank.**