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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21392

Registration District No. 400 — Primary Registration District No. 5553 — Registrar's No. 75

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co Old Folk Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)
In this community about 2 yrs

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City, Mo 8 (If outside city or town limits, write "RURAL")
(d) Street No. Dont Know (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME OSCAR BENJAMIN BRYANT
3. (b) If veteran, name war DONT KNOW
3. (c) Social Security No. NONE
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife DONT KNOW
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased JULY (Month) 10 (Day) 1866 (Year)

8. AGE: Years 75 | Months 11 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace LOUISIANA (City, town, or county) 1 (State or foreign country)
10. Usual occupation COMMON LABORER
11. Industry or business unemployed
FATHER
12. Name CHARLES BRYANT
13. Birthplace LOUISIANA (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name DONT KNOW
15. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)
16. (a) Informant TRESSIE WINSTON (DAUGHTER)
(b) Address 3421 E. 21st Str KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery KC Mo
18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E 15th KC Mo
19. (a) June 29, 1942 (Date received local registrar) (b) F.M. Schick by Effie Schick Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 3 minute P.M. M.
21. I hereby certify that I attended the deceased from May 1, 1942 to June 25, 1942 that I last saw him alive on June 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic & Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy no	

92 b

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 ( )

23. Signature L. W. Booker (M. D. or other)
Address 2028 Vine St. Date signed 6/28/42

1162 (Licensed Embalmer's Statement on Reverse Side)

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 Edw. G. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St N C Mi

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.