

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39571

State File No.

Registrar's No. **4639**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4446 Terrace st. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **51 Yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4446 Terrace st.**
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Harry Chas. Bries**
 (b) If veteran, name war **No.**
 (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **11**
 year **1942** hour **7 P.M.** M.
 21. I hereby certify that I attended the deceased from **Dec. 11**
 1942 to **Dec. 11** 1942

4. Sex **Male** 5. Color or race **Wh.**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Gertrude Bries**
 (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **Dec. 6 1873**
(Month) (Day) (Year)

that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **0** Days **5**
 If less than one day hr. min.

Immediate cause of death
Branchial pneumonia.
 Due to **Coronary sclerosis**
Chronic bronchitis
 Due to **Renal cystitis**
of carcinoma?
 Other conditions **93 D**
(Include pregnancy within 3 months of death)

9. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Battery Repair**

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name **Unknown Bries**
 13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gertrude Bries**
 (b) Address **4446 Terrace st.**
 17. (a) **Burial** (b) Date thereof **Dec. 15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood**

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)

18. (a) Signature of funeral director **Eylar Funeral Home**
1800 Linwood K.C.Mo.
 (b) Address
 19. (a) **12-14-42** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
 (c) Means of injury.....
 23. Signature **E. Kelly** (M.D. or other).....
 Address **402 Embassy Row** Date signed.....

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.....

Chas Weeks

Licensed Embalmer No. *264X*

P. O. Address. *1800 Linwood*

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.