

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

FILED MAY 6 1943 149

Registration District No. _____ Primary Registration District No. 1002

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:
General Hospital No. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-13-43-4-21-43
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 904 B. Euclid
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN BRYANT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race Negro

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

6. (b) Name of husband or wife Beatrice Bryant

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 14 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>0</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Union Church Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business industry unknown

MOTHER FATHER

12. Name Robert Bryant

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

14. Maiden name Mandy?

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) Date thereof 4-24-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady Funeral Home

(b) Address 1708 Tracy

19. (a) 4-26-43 (Date received local registrar)

(b) M. J. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 1:25 minute _____ p. _____ M.

21. I hereby certify that I attended the deceased from April 13, 1943 to April 21, 1943
that I last saw him alive on April 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration _____

Due to Hypertrophy of prostate (post-operative)

Due to 137a

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

Major findings:
Of operations Hypertrophy of prostate

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? _____

While at work? _____ (Specify type of place)

Means of injury 0

23. Signature J. C. Brown (M. D. or other)

Address Gen. Hosp #2 - 602622 Date signed 4-23-43

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.