S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16837

FILED JUN 7 1943

Registration District No. 249 Primary Registration District No. 1002 Registrar's No. 2331

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3217 E 32 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
In this community 21 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3217 East 32 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME George T. Bryan
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Mrs Emma Bryan
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Nov (Month) 26 (Day) 1875 (Year)

8. AGE: Years 67 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired Laundry Jn
11. Industry or business Linwood Laundry
FATHER
12. Name Robert Bryan
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jo Ann Chenoweth
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Bryan
(b) Address 3217 E. 32 nd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill Cemetery
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood
19. (a) 5-21-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1943 hour 4 PM minute A.M.
21. I hereby certify that I attended the deceased from January 1st, 1941, to May 20, 1943 that I last saw him alive on May 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the right lung with generalized carcinomatosis — Duration 9 Months
Due to
Due to 47d
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

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 John K. Caldwell (M. D. or other)
Address 636 Maple Kansas City Mo. Date signed 5/20/43

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(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 Chas Wilks

Licensed Embalmer No. 2644

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.