

No. 2
-5-43
-17-39
X38671

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2312 State File No. _____

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:
3509 SMART AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MISS NELLE BRYANT
3. (b) If veteran, name war NO 3. (c) Social Security No. NO.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 3 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace EDGEWOOD ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation TEACHER

11. Industry or business WHITTIER SCHOOL

12. Name ALEXANDER BRYANT

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

14. Maiden name MAUDE BURMAN

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

16. (a) Informant Mrs. Maude Bryant

(b) Address 3509 Smart Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 31 44
(Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director W. H. Newcomer
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-30-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

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. 3509 SMART AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27TH year 1944 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 15 1944 to May 27th 1944
that I last saw her alive on May 27th 1944
and that death occurred on the date and hour stated above

Immediate cause of death PAROXYSM OF BRONCHIAL ASTHMA Duration years

Due to Chronic sinusitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 104 lb

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature J. Raymond Hall M. D. or other _____
Address 2603 Independence Blvd. Date signed 5-27-44

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

MOTHER FATHER

APR 9 1944

2003

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *H. C. Newcomer Jr.*

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.