

FILED AUG 9 1944
149

State File No. 3095
Registrar's No.

Registration District No. 149

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:
1224 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 27 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 32
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1224 Holmes
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Franklin R. Bryant
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26th.
year 1944 hour 8 minute 30 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna B. Bryant 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Mar. 11 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
that I last saw h. Deputy Coroner
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 4 15 hr. min.

Immediate cause of death Arteriosclerotic Heart Disease
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death) 93 d

9. Birthplace Wallcon Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Retired

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

MOTHER FATHER { 12. Name G.C. Bryant
13. Birthplace Canada
(City, town, or county) (State or foreign country) IL
14. Maiden name Nancy Russell
15. Birthplace No Record
(City, town, or county) (State or foreign country) A

16. (a) Informant Mrs. Anna B. Bryant
(b) Address 1224 Holmes
17. (a) Removal (b) Date thereof 7-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation North K.C. Mo. Liberty, Mo
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Mo.
19. (a) 7-28-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....
23. Signature A.E. Upsher (M. D. or other) MD
Address 33 McKey Date signed 7/30/44

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

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.....

J. Heinrich

Licensed Embalmer No. *3599*

P. O. Address. *A.C. Mo*

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.