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

FILED MAY 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15968

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2022

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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: Kansas City Tuberculosis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo 9 da (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1515 Harrison (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearl Mason (Bryant)
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Mason
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased July (Month) 4 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
20	9	29	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
MOTHER FATHER
12. Name Bryant, Mitchell
13. Birthplace Texas (City, town, or county) (State or foreign country)
14. Maiden name Adams, Maude
15. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Hospital record.
(b) Address K C T B Hosp.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director E. Stephen Kelly
(b) Address 1212 Vine St. K.C., Mo.
19. (a) 5-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1945 hour 6 00 minute P M.
21. I hereby certify that I attended the deceased from 1-24 1945 to 5-2 1945; that I last saw her alive on 5-2-45 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 3 M
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. L. Coffman (M. D. or other) MD
Address Kansas City Mo Date signed 5-3-45

(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. E. Sterling Bills

Licensed Embalmer No. 3078

P. O. Address. 1212 Vine St. Kansas City, 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.