

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

27041

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3594

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. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether years, months or days)

In this community About 82 years

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")

(d) Street No. 717 1/2 Independence Avenue 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM CULLEN BRYANT

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown

8. AGE: Years About 82 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name unknown

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

16. (a) Informant Katie Midgett, Friend

(b) Address 808 Independence Avenue

17. (a) Burial (b) Date thereof 8-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlands

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. C. Mo.

19. (a) 8-20-46 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1946 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from August 15, 1946 to August 15, 1946; that I last saw him alive on August 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hydro nephrosis + Hydroureters

Due to Benign hypertrophy of prostate

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

1370

Duration _____

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) _____

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M. D.

Address 600 E. 22nd St. Date signed 8/17/46

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

25883

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.....

A. T. Moore

Licensed Embalmer No.....

948

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.