

No. 308
1-10-47
5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 27 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

8609
State File No. _____
Registrar's No. 1175

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1175

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

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:
2014 Kansas Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 30 Yrs. (Specify whether years, months or days)

3: (a) PRINT FULL NAME George H. Bryan
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luise A. Bryan 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 3 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Building Contractor

MOTHER FATHER

11. Industry or business _____
12. Name Rowland Bryan
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Julia A. Huffman
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Fred V. Bryan
(b) Address 2014 Kansas Avenue
17. (a) Burial (b) Date thereof 3/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 E. 15th St.

19. (a) 3-16-48 (b) Geraldine Holmes
(Date received local registrar) (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. 2014 Kansas Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1948 hour 2 minute 05 P.M.
21. I hereby certify that I attended the deceased from 12/29/47
to 3/15/48 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases to liver & peritoneum
Due to _____
Duration 2 yrs

Due to _____
Other conditions 46 B
(Include pregnancy within 3 months of death)

Major findings: Same as above
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? _____

While at work _____ (Specify type of place) Means of injury _____
23. Signature Wally R. [unclear] (M. D. or other) _____
Address 720 Bryant St. Date signed 3/16/48

John B. Camp
11/20/2011

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.....

James W. Camp

Registered Apprentice No. **903**

working under my personal supervision.

Signed *John B. Camp*

Licensed Embalmer No. **2455**

P. O. Address *R.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.