

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19402
Registrar's No. 2699

FILED JUL 12 1948
Registration District No. 149

Primary Registration District No. 1002

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:
3224 Harrison street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME CHARLES W. BRYANT
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 Mrs. Lola Bryant 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased February 29th. 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 28 If less than one day
hr. _____ min.

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

10. Usual occupation Retired Postal Employee

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Bryant
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Bryant
(b) Address 3224 Harrison street

17. (a) Burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street

19. (a) 6-29-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3224 Harrison street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 10, 1948 to June 27, 1948
that I last saw him alive on June 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to unknown

Due to _____

Other conditions Arteriosclerosis, Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 942

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)
(e) Means of injury 0

23. Signature Harold A. [Signature] (M. D. or other) MD
Address 1322 [Signature] Date signed 6/28/48

11:30 - 6
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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 Willis H. Bennett
Licensed Embalmer No. 4438
P. O. Address K. 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.