

No. 300
10-47
17-39
PI 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 4 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36413**
Registrar's No. **4569**

Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Metairie & Eddy Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days) 90 years

In this community 90 years

3: (a) PRINT FULL NAME BESSIE BRYANT

3: (b) If veteran, name war no

3: (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 10, 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 28
If less than one day hr. min.

9. Birthplace Hickmans Mills Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Jas Bryant

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

14. Maiden name Mary Kauger

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

16. (a) Informant Jessie Bryant

(b) Address 3413 1/2 Coleman Rd K.C. Mo

17. (a) Burial (b) Date thereof Nov. 10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. Mitchell

(b) Address 310 N. Main St. S. Mo

19. (a) 11-9-48 (b) Sheldene 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. 3413 1/2 Coleman Rd ¹⁰⁰⁸
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1948 hour 0330 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 5
1948 to Nov 8 1948

(that I last saw her alive on Nov 6 1948
and that death occurred on the date and hour stated above.)

Immediate cause of death Cardiovascular failure
(dilatation of heart)

Duration 12 hrs

Due to Senility (age 90)

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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) Walton C. Ingham
While at work? _____ (e) Means of injury _____

23. Signature Walton C. Ingham (M. D. or other) MD
Address 320 W 87th K.C. Mo Date signed 8 Nov 48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andy, 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.