S. No. 2
—11-10-39
. 5-17-39
X21492

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

AUG 14 1940

Board of Health.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24197

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2807

1. PLACE OF DEATH:

(a) County Jackson 1

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

(c) Name of hospital or institution:
K. C. General Hospital K. C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 Months
years, months or days) 632

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 727 Paseo, K.C.Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LARRY Robt. BRADSHAW Larry Robert Bradshaw

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ---------

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

7. Birth date of deceased April 27th, 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace K.C.Mo. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Child 1

11. Industry or business -------

FATHER
12. Name Frank P. Bradshaw 6
13. Birthplace Whiting Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Larriane Wolfrum,
15. Birthplace K.C.Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank P. Bradshaw
(b) Address 727 Paseo, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13th,40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) July 12, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7-11-40
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19__, to 4:00 P, 19__;
that I last saw _____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death	
Laceration of the brain &	
Due to cerebral hemorrhage	
Due Fracture of the skull	
Injury by fall	18
Other conditions (Include pregnancy within 3 months of death)	
Fracture of rt. femur	18
Major Surgery 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) Accident
(b) Date of occurrence 7-11-40
(c) Where did injury occur? K. C. Mo (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 5

23. Signature Victor M. Bahler (M. D. or other)
Address K. C. Mo. Date signed

(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 Denzil E. Browning

Licensed Embalmer No. 2724

P. O. Address Ir. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.