

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 5 1940
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Jackson, Mo.
(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: Mt. St. Mary's Hospital, K. C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 25 Years.
(Specify whether years, months or days)

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. 1704 Prospect, Avenue, K.C.Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Ada May Bradley, 634

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George S. Bradley
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 31, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name No Record 9

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record 9

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant George S. Bradley
(b) Address 1704 Prospect, K.C.Mo.

17. (a) Burial (b) Date thereof Aug. 9th, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K.C.Mo.

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

19. (a) Aug. 7, 1940 (b) M. M. Orme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th,
year 1940 hour 12:45 AM.

21. I hereby certify that I attended the deceased from June 17, 1940 to 9-6-1940
that I last saw her alive on July 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Carcinoma of Pile, D. recti
2. Auto intoxication

Duration

Due to 46

Other conditions (include pregnancy within 3 months of death)

Major findings: 1. Obstruction of Pile D. recti or Carcinoma (abundant) w/ H. patches.
Of operations
Of autopsy

PHYSICIAN

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

23. Signature [Signature] (M. D. or other)
Address 715 S. 1st St. K.C. Mo. Date signed 8-6-40

Dr. B.L. Moyers.
Offices Hotel Red
Phone 212925

Buford 1st

Mrs. Weaver out of
city from Monday
31, 1948 to 11:30 P.M.
(Age 5'10), 15 years
has been patient
work under her
of M.M.S. & M.M.S.
E.H. Moyers
Age 6'10

SEP 13 1948

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 M

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

Signed: E.H. Moyers

Licensed Embalmer No. 2570

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.