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-39  
23159

Registration District No. **398** Primary Registration District No. **5554** Registrar's No. **231**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
550 Arlington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether)

In this community 30 years  
years, months or days

3. (a) PRINT FULL NAME Ida May Bragg

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Byron Bragg

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 1 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>24</u>	hr. min.

9. Birthplace Bethel MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business at home 0

MOTHER FATHER { 12. Name Henny Ziegler 0

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

14. Maiden name Clara Miller

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

16. (a) Informant Byron Bragg

(b) Address 550 Arlington

17. (a) Removal (b) Date (hereof) 9/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel MO

18. (a) Signature of funeral director Funerary Home

(b) Address Bethel, MO

19. (a) Sept 25 1940 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 550 Arlington  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 9-26, 1938 to 9-24, 1940  
that I last saw h. or alive on 9-24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Mucoid Carcinoma of the Uterus

Due to Mucoid Carcinoma Uterus

Due to 48

Other conditions (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?  
360  
While at work? (Specify type of place) (e) Means of injury

23. Signature Fred W. Hunt (M. D. or other) 1  
Address 10235 Indep Rd Date signed 9-25-40

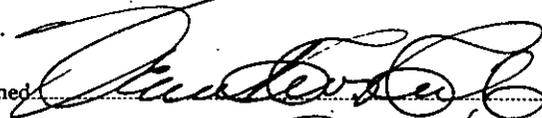
**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 2467

P. O. Address. J. J. M. O.

**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.**