S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34383

Primary Registration District No. 1002

Registrar's No. 3899

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: 2318 Chestnut
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2318 Chestnut
(If rural, give location)

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

8. (a) PRINT FULL NAME ROSE M. BRADLEY

9. (b) If veteran, name war No

9. (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 Owen M. Bradley

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 31, 1893 (Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Henry Ackerman

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

MOTHER 14. Maiden name Mary Chaney

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

16. (a) Informant Owen M. Bradley

(b) Address 2318 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Quirk & Tobin Co.

(b) Address K. C. Mo

19. (a) 10-9-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1940 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 1, 1940 to Oct 9, 1940, that I last saw her alive on Oct 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Cervix	?
C Generalized Metastasis Abdomen	about
& Chest	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48	

Major findings:
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)

(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)

While at work? (e) Means of injury

23. Signature Ralph Perry (M. D. or other) MD

Address 4800 E 24 Date signed 10-9-40

(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.....

Licensed Embalmer No. 4097

P. O. Address.....

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, above space should be left blank.