No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6061

Registrar's No. 833

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

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: 2800 Charlotte Street, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 51 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, (If outside city or town limits, write "RURAL") 3
(d) Street No. 2800 Charlotte Street, (If rural, give location) 8
(e) If foreign born, how long in U. S. A.? no. 0 years.

3. (a) PRINT FULL NAME William Walter Brady ~~Judge Walter William Brady~~

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 Married,

6. (b) Name of husband or wife Bessie Brady,

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

7. Birth date of deceased June (Month) 14 (Day) 1863 (Year)

8. AGE: Years 77 Months 8 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Lawyer,

11. Industry or business x

FATHER
12. Name George Brady,
13. Birthplace (City, town, or county) Unknown, (State or foreign country) 9

MOTHER
14. Maiden name Margaret Beard,
15. Birthplace (City, town, or county) Unknown, (State or foreign country) 9

16. (a) Informant Mr. Luther Brady,
(b) Address 2800 Charlotte, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/27/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th, year 1941, hour 10:35 minute A. M.

21. I hereby certify that I attended the deceased from Sept 30, 1940, to Feb 27, 1941; that I last saw him alive on Feb 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat — Duration ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature M. R. Jackson (M. D. ~~or other~~)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Jackson,

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 [signature]

Licensed Embalmer No. 1415

P. O. Address K. 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, fact should be so stated above.