

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1564**

1. PLACE OF DEATH:

(a) County **Jackson Co. 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: **Soldan's Hospital**
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution **6 days** (Specify whether)
In this community **6 days** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kans** (b) County **Chautauqua**
(c) City or town **Sedan** (If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1941** hour **12** minute **10** P.M.
21. I hereby certify that I attended the deceased from **April 14 1941** to **April 20 1941**
that last saw him alive on **April 20 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Metastatic pulmonary malignancy. Primary due to solace administered**
Due to **solace administered**
Other conditions (Include pregnancy within 3 months of death) **470**

Major findings: **470**
Of operations
Of autopsy

Duration
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?

DR. Graham Ascher (Specify type of place) While at work? (e) Means of injury **0**
23. Signature **Dr. Clecher** (M. D. or other) Address **7117** Date signed **4/20/41**

3. (a) PRINT FULL NAME **Dora Bradley**

3. (b) If veteran, name war **✓** (c) Social Security No. **4**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **James Bradley** 6. (c) Age of husband or wife if alive **6** years

7. Birth date of deceased: **July 18, 1859** (Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **15** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Great**

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

14. Maiden name **Leonora Reed**

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

16. (a) Informant **Ed Bradley**

(b) Address **Ketur Mot**

17. (a) (Burial, cremation, or removal) (b) Date thereof **Apr 21 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Sedan Kansas**

18. (a) Signature of funeral director **Harrison Reed** (b) Address **Harrison Reed Mo**

19. (a) **Apr 20 1941** (b) **M. M. Grove** (Date received local registrar) (Registrar's signature)

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

Handwritten notes in the top left corner, including the word "New" and some illegible scribbles.

Handwritten notes in the top center, including "1941-42", "186-9-6", and "8/10/18".

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 Frank E. Reimer

Licensed Embalmer No. 2691

P. O. Address Hannoverville

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.