

Registration District No. **399**

Primary Registration District No. **1002**

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:
5632 Paseo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **6 Months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Macon**
 (c) City or town **La Plata**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country: **-----**

3. (a) PRINT FULL NAME **Mrs. Alice Ellen Hizer Bradley**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **2nd**
 year **1942** hour **8** minute **55 P.M.**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Dr. W. E. Bradley**
 (c) Age of husband or wife if alive: **8** years
 7. Birth date of deceased: **November 8 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 20 1941**
 19 **2** to **Apr. 2** 19 **42**
 that I last saw her alive on **Apr. 1** 19 **42**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 **4** **24** hr. **13** min.

Immediate cause of death: **Chronic interstitial nephritis**
 Duration: **5 mos.**

9. Birthplace: **West Point** **Iowa**
(City, town, or county) (State or foreign country)

Due to: **1318**

10. Usual occupation: **At Home**

Other conditions: **Ponge Still B. Storie**
(Include pregnancy within 3 months of death)

MOTHER FATHER {
 12. Name: **Martin Hizer**
 13. Birthplace: **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name: **Mary J. Mingus**
 15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations: **-----**
 Of autopsy: **-----**
 Underline the cause to which death should be charged statistically.

16. (a) Informant: **MR. C. A. Hizer**
 (b) Address: **5632 Paseo**

22. If death was due to external causes, fill in the following:

17. (a) ~~Removal Burial~~ (b) Date thereof: **Apr. 4, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) **-----**
 (b) Date of occurrence **-----**

(c) Place: burial or cremation: **La Plata, Missouri**

(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)

18. (a) Signature of funeral director: **D. X. Newcomer's Sons**
 (b) Address: **1401 Brush Creek Blvd.**

While at work? **-----** (e) Means of injury: **U**

19. (a) **4-3-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

23. Signature: **James P. Henderson MD** (M. D. or other)
 Address: **807 1/2 Angyle B** Date signed: **7/3/42**

804 Oregon Bldg
12-5

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.....

C. Harvey Dissenberry

Licensed Embalmer No. *4070*

P. O. Address *A.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.