

FILED APR 20 1942
Registration District No. 5978

Primary Registration District No. 3019

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
722 North Liberty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days) 75 years

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 722 North Liberty
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME John Francis Brady

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 8:30 minute P.

21. I hereby certify that I attended the deceased from Apr 1942, to March 3 1942
that I last saw him alive on March 2 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Josephine Brady 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Oct 25, 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Chronic nephritis

Due to Diabetic mellitus

Other conditions arteriosclerosis

8. AGE: Years 75 Months 4 Days 8 If less than one day hr. min.

Duration 7 days

Duration 2 yrs

Duration 2 yrs

Duration 5 yrs

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

10. Usual occupation Retired asst. Post master

11. Industry or business Indep. Post. office

Major findings:
Of operations
Of autopsy

61

MOTHER FATHER

12. Name John F. Brady

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

14. Maiden name Kristen Farrell

15. Birthplace Co. West Meade, Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Josephine Brady

(b) Address 722 No. Liberty

17. (a) Burial (b) Date thereof March 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Co. Indep. Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo

19. (a) 3-5-42 (b) J. Medley Ross
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 2

23. Signature J. H. Anderson (M. D. or other) 0
Address Independence Mo Date signed March 4

D. Dickerson

*27848
44*

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 B. Dickerson*
Licensed Embalmer No. *2467*
P. O. Address *Indep. 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.