

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Texas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1102 Independence
(If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community TEN YRS. years, months or days)

3. (a) PRINT FULL NAME George Bradford
 3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. none

4. Sex male 5. Color of race Col. 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr _____ min

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER {
 12. Name Thos. Bradford
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Pattie Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Nagata
 (b) Address 232 N. Sherman

17. (a) Removal (b) Date thereof 2-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director William W. Hoptner
 (b) Address 6528 N. 5th St

19. (a) 2/22/43 (b) M. N. Crome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Texas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1102 Independence
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
 year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 5
 1943 to February 19 1943
 that I last saw him alive on February 17 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with failing compensation
 Due to 935
 Due to _____
 Other conditions Hypertension, arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Frank P. Machovec (M. D. or other) D.O.
 Address 257 Danfield Ave. K.C. Mo. Date signed 2-22-43

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

MAR 1 8 1943

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

Nathan Whitaker

Licensed Embalmer No. *1700*

P. O. Address *1520 N. 5th St*

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.