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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8997

FILED MAR 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1272

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: 504 Benton 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 43 yrs —
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Mo 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 Fremont
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elvira H Bradford

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wed —

6. (b) Name of husband or wife Marlin Bradford

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

7. Birth date of deceased Nov 8 1863
(Month) (Day) (Year)

8. AGE: Years 79 | Months 4 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James Hill
13. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace ..... (City, town, or county) No Record 1 (State or foreign country)

16. (a) Informant Josephine Russell
(b) Address 1011 Fremont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn

19. (a) 3-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13
year 43 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from Mar. 11 1943 to Mar. 13 1943
that I last saw her alive on Mar 13 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	yrs
Due to age	
Due to 93 D	
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

23. Signature Herman Shablin (M. D. or other) DO

Address 3208 Independence Date signed 3-18-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Shablin 3208 Independence

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 Denzil C Browning

Licensed Embalmer No. 2724

P. O. Address K 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.