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FILED FEB 10 1944

Registration District No. 177

Primary Registration District No. 1002

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:
1402 St. John
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 15 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1402 St. John
(If rural, give location)

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

3. (a) PRINT FULL NAME John Lewis Bradley

3. (b) If veteran, name war No

3. (c) Social Security No. None 492-26-2433

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernice

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

7. Birth date of deceased Dec. 9, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20 year 1944 hour 4 minute 17 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocardial Infarction

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>1</u>	<u>11</u>	hr. _____ min.

Duration _____

Due to _____

Due to _____

Other conditions:
(Include pregnancy within 3 months of death)

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business K. C. Depot, 5900 Wilson Road

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy See above

MOTHER FATHER

12. Name William Bradley

13. Birthplace Huntsville, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Flora O. O'Brien

15. Birthplace Huntsville, Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Bernice Bradley

(b) Address 1402 St. John

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1/22/44
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

23. Signature Osberta 3 1/20/44
(Specify type of place) (e) Means of injury

Address _____ Date signed _____

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) Jan 21, 1944
(Date received local registrar) (b) J. E. Brown
(Registrar's signature)

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

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.....

J. H. Blackman

Licensed Embalmer No.

3639
R. E. Moore

P. O. Address.....

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.