

No. 2  
8-43  
17-39  
X37823

FILED JUN 22 1944  
Registration District No. 1002

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:  
Lakeside Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether  
In this community as above  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Nettie Brady,

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, Widowed

6. (b) Name of husband or wife Benjamin Brady

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

7. Birth date of deceased May 31 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 0 0 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name John Carnes,

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

14. Maiden name Mary Bliss,

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

16. (a) Informant Harold Baldwin,

(b) Address Pleasant Hill, Missouri,

17. (a) Removal (b) Date thereof 6-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lynne, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-1-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

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

(d) Street No. X  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st  
year 1944 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from 4-13-  
1944 to May 31st, 1944  
and that death occurred on the date and hour stated above.

that I last saw her alive on May 31st, 1944

Immediate cause of death peritonitis et toxemia Duration 4-13-44

Due to Intest. Obstruction et perforation 4-12-44

Due to Adhesions - Congenital

Other conditions (Include pregnancy within 3 months of death)

Major findings: Intest. Obstruction OF OPERATIONS

Of autopsy mark

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? ( ) Means of injury

23. Signature D. C. Jirivilla M. D. or other) 2 all  
Address 612 Chandler Bldg. Date signed 6-1-44

T. C. McO.

Dr. Linville,

**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 *S. J. Allen*

Licensed Embalmer No. *14 157*

P.O. Address *Kansas City 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.**