V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26740

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3443

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: General Hosp. no. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1602 W. 28th Terrace (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME LESS BRADLEY.

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male
5. Color or race col.
6. (a) ~~Single,~~ widowed, married, divorced widowed
6. (b) Name of husband or wife unknown.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation none.
11. Industry or business
FATHER 12. Name unknown.
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Bernice Kieth
(b) Address 1602 W. 68th Terrace
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo.
18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E. 18th St.
19. (a) 8-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 1944 hour 8:30 minute a. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture r + leg. Fracture of left leg. Duration
Due to Shock
Due to Jumped of Hell from 3rd floor
Other conditions Demented patient (Include pregnancy within 3 months of death)
Major findings: Of operations 164 l
Of autopsy See above

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) Suicide
(b) Date of occurrence 8-20-44
(c) Where did injury occur? K. C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Gen. Hospital #2. (Specify type of place)
While at work? (e) Means of injury Fall from
23. Signature L. P. Richardson (M. D. or other) Jr.
Address 1832 Vine Date signed 8-22-44

361

(Licensed Embalmer's Statement on Reverse Side)

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 H. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 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, fact should be so stated above.