

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution: **RESEARCH HOSPITAL**
(d) Length of stay: **3 WEEKS**
In this community **42 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(d) Street No. **6949 SOUTH BENTON**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **MRS. MAUDE BERNICE FORTUNE BREDBERG**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUGUST** day **28** year **1944** hour **3** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **May 6** to **8-28-44**
that I last saw **w** alive on **August 27** and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **DIVORCED**
6. (b) Name of husband or wife **MR. F. L. BREDBERG**
6. (c) Age of husband or wife if alive **44** years

Immediate cause of death **Transition Hypostatic pneumonia (ascites) (abdominal) Primary Carcinoma Liver**
Due to **Transition Hypostatic pneumonia (ascites) (abdominal)**
Due to **Primary Carcinoma Liver**
Other conditions **466**

7. Birth date of deceased **SEPTEMBER 20 1882**
8. AGE: Years **61** Months **11** Days **8**

Major findings: **Primary Ca Liver**
Of operations **no**
Of autopsy **no**

9. Birthplace **MANHATTAN KANSAS**
10. Usual occupation **AT HOME**

11. Industry or business **---**
12. Name **WILLIAM J. FORTUNE**
13. Birthplace **LYNCHBURG VIRGINIA**
14. Maiden name **FLORENCE ALLEN**
15. Birthplace **MARIETTA INDIANA**

16. (a) Informant **W. J. Fortune**
(b) Address **6949 So Benton**
17. (a) **BURIAL** (b) Date thereof **8-30-44**
(c) Place: burial or cremation **MANHATTAN KANSAS**
18. (a) Signature of funeral director **W. H. Newcomer**
(b) Address **1401 BRUSH CREEK BLVD.**

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? **---**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **---**
23. Signature **J. M. Maitteanery**
Address **1337 Prof. Bldg.** Date signed **9/28/44**

19. (a) **8-30-44** (b) **D. C. Brown**
(Date received local registrar) (Registrar's signature)

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

2-4:30
D. James a member
1838 Professional Body

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 *Edward H. H. H.*

Licensed Embalmer No. *1767*

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.