

FILED NOV 14 1944

Registration District No. 177

Primary Registration District No. 1602

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:
K. C. General Hosp
(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 19 years
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. 1821 Norton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nira V. Bradshaw

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Bradshaw 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 25th, 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name L. G. Dowell

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

14. Maiden name Jennie Anderson

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

16. (a) Informant William Bradshaw

(b) Address 1821 Norton

17. (a) Burial (b) Date thereof 11/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St Marys

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th, St

19. (a) 11-4-44 (b) T. C. Brown (NS)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory Failure
(Addison's Disease)
Adrenal Tuberculosis
Due to
Due to

Other conditions 2/a
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

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?

While at work (Specify type of place) Means of injury
23. Signature A. E. Wooper (M. D. or other)
T. C. Brown Date 11/8/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John B. Camp
Licensed Embalmer No. *29515*
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.