

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Mo. R.R. RR#5 Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home - Gallatin Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
(c) City or town Mo Kansas City Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 5 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME CHARLES BRADLEY

3. (b) If veteran, name war  
3. (c) Social Security No. 4 99-14-9985

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife May Bradley 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Aug 5 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 2 21 hr. min.

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

10. Usual occupation Night watchman

11. Industry or business American Bridge Co

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant May Bradley

(b) Address Randolph Mo

17. (a) Burial (b) Date thereof Oct 28 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Randolph Mo

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

(b) Address Mo Kansas City Mo

19. (a) Oct 27-1944 (b) Ruth N Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1944 hour 1 minute 40 PM

21. I hereby certify that I attended the deceased from 1944 to Oct 26 1944  
that I last saw her alive on Oct 26 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema cardiac and respiratory failure  
Duration

Due to Chronic myocarditis

Due to

Due to

Other conditions Probable chronic chole-  
(Include pregnancy within 3 months of death)  
cystitis

Major findings: 930

Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature W. B. Curran (M. D. or other) MD

Address Woodall Mo Date signed 10-26-44

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

11-6-45

OCT 1 1945

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 S. Morton*  
Licensed Embalmer No. *4349*  
P. O. Address *W. K. C. Co.*

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.