

**FILED DEC 22 1944**

Registration District No. **49**

Primary Registration District No. **1002**

Registrar's No. **4941**

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

1. PLACE OF DEATH:  
**Jackson**  
 (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:  
**2602 Highland Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **Over 44 years**  
years, months or days)

3. (a) PRINT FULL NAME **George Bradley**  
 3. (b) If veteran, name war **Spanish Amer War**  
 3. (c) Social Security No. **493-22-1031**

4. Sex **Male** 5. Color or race **Col**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mayme Bradley** alive **60** years  
 6. (c) Age of husband or wife if \_\_\_\_\_  
 7. Birth date of deceased **May 15, 1876**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	20	hr. min.

9. Birthplace **Tyler Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**  
 11. Industry or business **Mid-West Chandler**

MOTHER FATHER {  
 12. Name **Unknown**  
 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mayme Bradley**  
 (b) Address **2602 Highland**

17. (a) **removal** (b) Date thereof **12/8/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wadsworth, Kansas**

18. (a) Signature of funeral director **Hackins Bros**  
 (b) Address **1729 Lydia**

19. (a) **Dec 7-1944** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
**Missouri Jackson**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2602 Highland Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **5th**  
 year **1944** hour **Bet. 9 and 10 AM**  
 21. I hereby certify that I attended the deceased from **11-25-1944** to **Dec 5, 1944**  
 that I last saw him alive on **Dec 5, 1944**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerotic insufficiency**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **920**  
(Include pregnancy within 3 months of death)

Major findings:  Of operations  
 Of autopsy

Duration \_\_\_\_\_  
 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: \_\_\_\_\_

23. Signature **L. W. Boster** (M. D. or other) \_\_\_\_\_  
 Address **2028 Vine St.** Date signed **12/7/44**

*Alv. L. J. Booker.*

MAR 12 1945

DEC 22 1944

**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.....

*Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**