V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15787

State File No. 15787

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2179

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: 423 S. Saundale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Since March 23, 1945 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Holt Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Henderson Bradley
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name ~~of husband~~ or wife Mollie
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July (Month) 3-19 (Day) 1873 (Year)
8. AGE: Years 71 Months 10 Days 17 If less than one day hr. min.
9. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
MOTHER FATHER
12. Name Chas Bradley
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Eva Carr
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant B. L. Bradley
(b) Address RR 10 K C Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Muddy Fork, Kearney, Mo.
18. (a) Signature of funeral director Leonard Fox
(b) Address Kearney Mo
19. (a) 5-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20 year 1945 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from March 23, 1945 to May 19, 1945 that I last saw him alive on May 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Prostatic Obstruction
Due to Ileus P.O. retention of urine
Other conditions (Include pregnancy within 3 months of death) Benigna large prostate gland.
Major findings:
Of operations 94 a
Of autopsy No

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

23. Signature H. G. Montgomery (M. D. or other)
Address 1832 Profiss Date signed 5/20/45

(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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.