

No. 2
M-5-43
5-17-39
I X35671

State File No.

Registrar's No.

FILED OCT 23 1945

Registration District No. 176

Primary Registration District No. 5568

246

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Rural (S.E.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ill Tennessee, Intercity District
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

In this community 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Marie Bradley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John L.

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov. 10, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	8	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER

12. Name James Eaton

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

14. Maiden name Anna Hendricks

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

16. (a) Informant George E. Bradley

(b) Address Parsons, Kansas

17. (a) Burial (b) Date thereof 9/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 9-20-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 433 Gladstone Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1945 hour 10 minute 25 P.

21. I hereby certify that I attended the deceased from Sept 17th
1945 to Sept 18th 1945
that I last saw her alive on Sept 18th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis + hypertension

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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? _____

23. Signature H. N. Gellum M.D. (M. D. or other)
Address 929 Bryant Blvd Date signed 9/19/45
(Specify type of place) (e) Means of injury

1103

Reg. no let due 2/84

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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *H. 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.