

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37416

FILED DEC 4 7 1945

Registration District No. 54 Primary Registration District No. 5575 Registrar's No. 85

1. PLACE OF DEATH

(a) County Jackson (burial Washington)  
 (b) City or town Kan City, Mo.  
 (c) Name of hospital or institution: 7938-Brooklyn!  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Kan City, Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7938-Brooklyn  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THELMA BRADLEY  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Fe. 1 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Lee Bradley  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 11-1896  
 (Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
 12. Name Mose McCauley  
 13. Birthplace no record  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Cora Cord  
 15. Birthplace Pike City, Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Smith  
 (b) Address 1809 Minnesota Ave. KC

17. (a) Burial (b) Date thereof 11-1-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director Norman Funerals  
 (b) Address 7406 Normal Road

19. (a) 11/1/45 (b) Wm. Annie S. Hedger  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29  
 year 1945 hour 11:30 minute P M.  
 21. I hereby certify that I attended the deceased from Jan, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bun shot wound chest  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no  
Healed & Pungent

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) suicide  
 Date of occurrence 10-29-45  
 (b) Where did injury occur? 3800 W. Jackson St (City or town) (County) (State)  
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home (Specify type of place)  
 While at work? no (e) Means of injury 32 pistol  
 23. Signature James Walker (M. D. or other) \_\_\_\_\_  
 Address 1424 Pop. Bldg Date signed 10-30-45

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

DEC 10 1945

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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 Nancy Beyman  
Licensed Embalmer No. 2041  
P. O. Address Kau City 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.