

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas city**
(c) Name of hospital or institution:
2104 Forrest Ave!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1 month**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2104 Forrest Ave**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMMA BRADFORD**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **14**
year **1945** hour **10** minute **27** M.
21. I hereby certify that I attended the deceased from **Dec 7**, 19**45**, to **Dec 15**, 19**45**
that I last saw her alive on **Dec 14**, 19**45**
and that death occurred on the date and hour stated above.

4. Sex: **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wm Bradford** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Mar 12 1854**
(Month) (Day) (Year)

Immediate cause of death **chronic myocarditis**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **930**
Of autopsy _____

8. AGE: Years **91** Months **9** Days **25**
If less than one day _____ hr. _____ min.

9. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)
10. Usual occupation **None**

11. Industry or business _____
12. Name **Richard Boyd**
13. Birthplace **Miss**
(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 **Ma Currie Brimmer**
(b) Address **2104 Forrest Ave**
17. (a) **Burial** (b) Date thereof **12-19-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cem**
18. (a) Signature of funeral director **H B Moore**
(b) Address **1820 E 18 st**
19. (a) **12-20-45** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **W E Lewis** (M. D. or other)
Address **4435 H Ardison** Date signed **12/19/45**

MOTHER, FATHER

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

WHILE PRINTING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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

A B Moore

Licensed Embalmer No.

2410

P. O. Address

1820 E 18 st

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.