

No. 2  
-12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33732**

FILED NOV 6 1946

Registration District No. **149**

Primary Registration District No. **1802**

Registrar's No. **4468**

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: **K.C. GENERAL HOSPITAL No.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Few Minutes**  
(Specify whether)

In this community **48 YEARS**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **KANSAS** (b) County **WYANDOTTE**

(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1907 NORTH 29th STREET**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **JESS MERRILL RADFORD**

3. (b) If veteran, name war **WORLD WAR I**

3. (c) Social Security No. **486-07-6586**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **23** year **1946** hour **8** minute **00** M.

21. I hereby certify that I attended the deceased from **Lawrence**, 19..... to 19..... that I last saw him alive on ..... and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. NINA P. RADFORD**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **JULY 29 1894**  
(Month) (Day) (Year)

Immediate cause of death **Skull fracture** Duration

Due to **Fall**

Due to

Other conditions (include pregnancy within 3 months of death) **1860 38**

8. AGE: Years Months Days If less than one day

**52 2 25** hr. min.

Major findings: Of operations

Of autopsy **no history & impaction**

9. Birthplace **LEAVENWORTH - KANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **WEIGHMASTER MO. & KANSAS ELEVATOR**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 12?**

(b) Date of occurrence **10-24-46**

(c) Where did injury occur? **160 Jackson Ave**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

11. Industry or business **CONTINENTAL GRAIN COMPANY**

12. Name **RICHARD RADFORD**

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

14. Maiden name **UNKNOWN**

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

While at work? **no** (Specify type of place) (e) Means of injury **Fall**

22. Signature **Jessie C. [unclear]** (M. D. or other)

Address **1424 [unclear]** Date signed **10-24-46**

16. (a) Informant **MRS. NINA P. RADFORD**

(b) Address **1957 NORTH 29th STREET - MO.**

17. (a) **BURIAL** (b) Date thereof **OCT 25 1946**  
(Burial, cremation, or removal)

(c) Place: burial or cremation **HIGHLAND PARK CEMETERY KANSAS CITY, KANSAS**

18. (a) Signature of funeral director **D. H. Newcome's Sons**

(b) Address **1401 BRUSH CREEK BLVD**

19. (a) **10-24-46** (b) **[unclear]**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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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 *Edoear Workley*

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**