

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20839

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2503

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether
 In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 118 W. Armour
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Otis Braddy
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 5
 year 1947 hour 7 minute P. M.

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 25 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
May 31 1947 to June 5 1947
 that I last saw him alive on June 5 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 9 Days 10
 If less than one day _____ hr. _____ min.

Immediate cause of death Acute coronary occlusion
 Duration _____

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

Due to Arteriosclerotic Heart Disease
 Due to _____

10. Usual occupation Real Estate Operator

Other conditions: 93 d
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name James Braddy
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Alice Badgett
 15. Birthplace Lebanon
(City, town, or county) (State or foreign country)

Major findings: 93 d
 Of operations: _____
 Of autopsy: See above
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Wilbur Martin
 (b) Address 118 W Armour Blvd

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Removal (b) Date thereof Jun 8 47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wakeney Kent

(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)

18. (a) Signature of general director G. W. Wagner
 (b) Address Kansas City Mo

While at work? _____
(e) Means of injury
 23. Signature W. W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 6-6-47

19. (a) 6-8-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—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. R. Hunsch

Licensed Embalmer No. 4159

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.