

S. No. 2
 M-5-43
 7-5-17-39
 I X36671

THE STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **24098**
 Registrar's No. **3178**

FILED AUG 13 1947

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

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

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 2 days
(Specify whether years, months or days)
 In this community 2 years

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 30 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name E. H. Brady
 13. Birthplace Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Crowe
 15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address K. C. General Hosp. #1

17. (a) Burial (b) Date thereof 7-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
 (b) Address Kansas City, Missouri

19. (a) 7-29-47 (b) Heraldines Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 514 Main
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 21
 year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 19, 1947, to July 21, 1947, that I last saw him alive on July 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 938
 Of operations _____

Of autopsy None

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

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 Wm W. Hart (M. D. or other) M.D.
 Address Med. Dir. Gen'l Hosp. Date signed 7-22-47

Dr. Linder

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.....

Blaine E. Weibert

Licensed Embalmer No. *4075*

P. O. Address *K.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.