No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31112

Registrar's No. 3770

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: 3 days (Specify whether years, months or days)
In this community: 20 years

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.: 7134 McGee
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Katherine M. Brady
3. (b) If veteran, name war: no
3. (c) Social Security No.: 495-10-5571
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Joseph Brady
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: October (Month) 13 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
30	10	19	hr. min.

9. Birthplace: Hutchinson (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Southwestern Bell Tele. Co.
FATHER
12. Name: Henry L. Enoch
13. Birthplace: Ellsworth, (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name: Laura J. Jones
15. Birthplace: Wichita (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Mr. Henry L. Enoch
(b) Address: 7134 McGee St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 9-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Sept. day: 2
year: 1947 hour: 11 minute: 10 P. M.
21. I hereby certify that I attended the deceased from Aug. 30, 1947, to Sept. 2, 1947, that I last saw her alive on Sept. 2, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute anterior poliomyelitis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm. W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 9-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

A. Mullen

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 .....

Licensed Embalmer No. 2999

P. O. Address 15C

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.