No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40904

FILED JAN 12 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1546

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sisters Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 73 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1521 Felix 7 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Inez Brady
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James A. Brady
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased February 26, 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Syracuse (City, town, or county) New York (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
FATHER
12. Name C. B. Chase
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name ---- Canyon
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)
16. (a) Informant Jim Brady
(b) Address 1521 Felix St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 1-2-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th year 1947 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from December 24, 1947, to December 28, 1947; that I last saw her alive on December 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiovascular Renal Disease	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature Owen W. D. Craig (M. D. or other)
Address The Tootle Bldg. St. Joseph, Mo. Date signed 12-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Wm. Spalding, Registered Apprentice No. 28 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th, St Joseph, M

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.