S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41166

FILED DEC 30 1947
Registration District No. ..... Primary Registration District No. 3013 ..... Registrar's No. 139

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Round House 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 21 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 2012 Swift Ave. 1 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Horace Edward Brady
3. (b) If veteran, name war no
3. (c) Social Security No. 702-05-5764

4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Nancy Pearl E. Brady
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July (Month) 27 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
60	4	7	XX hr. XX min.

9. Birthplace Knoxville (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation Boilermaker
11. Industry or business Wabash Railroad
FATHER
12. Name Robert Brady
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Nancy Cellars
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. H.E. Brady
(b) Address 2012 Swift Ave. No. Kan. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Morhia Cem. K.C.
18. (a) Signature of funeral director Morton-Smith F.H.
(b) Address North Kansas City Mo.
19. (a) Dec 6, 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) 3

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 4th year 1947 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) Coronary Occlusion
(b) Date of occurrence Dec. 4th 1947
(c) Where did injury occur? North KC Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place Wabash Round House (Specify type of place)
While at work? Yes (e) Means of injury
23. Signature R.W. Fischer Coroner (M. D. or other) 3
Address Excelsior Springs Mo. Date signed 12-4-47

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

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-18-47

DEC 29 1947

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 Chester L. Fleming, Registered Apprentice No. 149, working under my personal supervision.

Signed Theron Smith

Licensed Embalmer No. 3928

P. O. Address North 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.