S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 9 1948
Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 5183
Registrar's No. 68

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 929 N. Lynn 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN VINCENT BRADY
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Helen Brady
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 19, 1903 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	7	1	hr. min.

9. Birthplace Independence, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Body Trimmer
11. Industry or business Fisher Bodies Co.
FATHER
12. Name John F. Brady 0
13. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Josephine Buckmiller
15. Birthplace South Bend, Indiana. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Brady
(b) Address 929 N. Lynn, Independence, Mo.
17. (a) burial (b) Date thereof 2/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cem. Independence Mo.
18. (a) Signature of funeral director [signature]
(b) Address Independence, Mo.
19. (a) 2-21-48 (b) [signature] 2511
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 1935, to Feb 20 1948
that I last saw him alive on Feb 20 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 hrs
Due to Arteriosclerosis + hypertension	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

43 R

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 [signature] (M. D. or other) MD
Address Independence Mo Date signed 2-22-48

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 Charles F. Tyler, Registered Apprentice No. 411, working under my personal supervision.

Signed R. A. Leslie

Licensed Embalmer No. 423

P. O. Address Independence, 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.