

Registration District No. 149

Primary Registration District No. 1002

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 7545 Walnut **8**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Stephen Bradish

3. (b) If veteran, name war No

3. (c) Social Security No. 496-01-1968

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Bradish

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 2 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>11</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Kansas City Missouri **1**
(City, town, or county) (State or foreign country)

10. Usual occupation Flour Mills of America

11. Industry or business _____

MOTHER, FATHER

12. Name Stephen J Bradish

13. Birthplace Kansas City Mo **0**
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rich

15. Birthplace Independence Kansas **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Bradish

(b) Address 7545 Walnut

17. (a) Burial (b) Date thereof 3/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. C. Tolson

(b) Address 20 West Linwood

19. (a) 3-17-48 (b) M. E. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1948 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
Pathologist
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonic heart disease & Mitral Stenosis **Duration**

Due to Broncho pneumonia

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

Major findings: 92
Of operations _____

Of autopsy _____

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 C. C. N. Johnson (M. D. or other) _____
Address St. Luke's Hospital Date signed _____

14 March 1948

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

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.