S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16232

Registrar's No. 2103

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: 12th and Troost 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (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 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 1311 Lydia Ave. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: Percy Winchester Bradshaw

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: 495-05-6926

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: Ruth Bradshaw

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: January 1, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	14	____ hr. ____ min.

9. Birthplace: Palmyra, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Janitor

11. Industry or business: ____

FATHER
12. Name: George Bradshaw
13. Birthplace: Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mateidia Ann Langston
15. Birthplace: North Carolina 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Ruth Bradshaw 1
(b) Address: 1311 Lydia Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Gatling Bros.
(b) Address: 1729 Lydia Avenue

19. (a) 5-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 15th
year: 1948 hour: 6 minute: 55 P. M.

21. I hereby certify that I attended the deceased from Dec. 19 to May 19 48, 19____;
that I last saw him alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure

Due to: Hypertensive Heart Disease

Due to: —

Other conditions (Include pregnancy within 3 months of death): 93 D

Major findings:
Of operations: ____
Of autopsy: No Permit

Duration

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)
Address: 2636 Brooklyn Date signed: 5-19-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1948

MAY

MAY 26 1948

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 Bruce Kelley

Licensed Embalmer No. 4600

P. O. Address 2506 Benton

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.