

FILED JUN 1 1948 149  
Registration District No. \_\_\_\_\_

Primary Registration District No. 10 02

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

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: Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 yrs 7 Months  
In this community 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5331 Highland  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAWRENCE BRADY

(b) If veteran, name was NO (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 15 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Lawrence Brady

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Wall

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Aileen Olin

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 5/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mark E. Robin Co

(b) Address 20 West Linwood

19. (a) 5-21-48 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day May  
year 1948 hour 3:00 minute P .M.

21. I hereby certify that I attended the deceased from Feb 1948  
to May 16 1948, 19\_\_\_\_, to May 16 1948, 19\_\_\_\_;  
that I last saw him alive on May 16 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Coronary Occlusion 12 Hours  
Due to Chronic Myocarditis 10 years

Due to Generalized Arterio-sclerosis 15 years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93 d  
Of operations \_\_\_\_\_  
Of autopsy None  
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 John Skinner (M. D. or other) MD  
Address 1102 Grand Ave Date signed 5/21/48

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**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.**