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

FILED DEC 4 1948

Registration District No. 799

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 1/2 hrs.  
(Specify whether  
In this community 2 years  
years, months or days)

3. (a) PRINT FULL NAME Haynes Bradford

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Emma Bradford 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased May 19 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired Undertaker

11. Industry or business Funeral Home

MOTHER FATHER { 12. Name Isaac Bradford /  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Elizabeth Gunter

(b) Address 3720 Benton K. C. 3 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Monett, Missouri

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 11-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 1441 Independence 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 13  
November 1948, to November 14 1948;  
that I last saw him alive on Nov. 14 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis  
Senility-Diabetes mellitus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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?

Wm. W. Hart (Specify type of place) 0  
While at work? (a) Means of injury \_\_\_\_\_

23. Signature Wm W Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 11-15-48

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Dr. Rutledge*

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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 *Chas E. Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address *H. C. W. Co*.....

**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.