

FILED JUN 23 1949 STANDARD CERTIFICATE OF DEATH

State File No. 18948

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Clay Rural Gallatin Twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Cooley Highland		c. CITY (If outside corporate limits, write RURAL and give township) Cooley Highland, N.K.C.Mo.	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) Cooley Highland, N.K.C.Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cooley Highland, N.K.C.Mo.		e. STREET ADDRESS (If rural, give location) Cooley Highland, N.K.C.Mo.	

3. NAME OF DECEASED (Type or Print) Mary Price Braden	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-18-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) Married	8. DATE OF BIRTH 3-4-1894	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 18 Min. x
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Missouri ()	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME J.A. Robb	13b. MOTHER'S MAIDEN NAME Stella Hibbs	14. NAME OF HUSBAND OR WIFE George D. Braden
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME George D. Braden, R.R. 11, N.K.C.Mo.	ADDRESS R.R. 11, N.K.C.Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis		8 months
DUE TO (c) Carcinoma of Uterus		8 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			174X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug. 18, June 18, 1949**, that I last saw the deceased alive on **June 18, 1949**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hudnerwood J. M. D.	(Degree or title)	23b. ADDRESS 1600 Prof. Bldg., Kansas City, Mo.	23c. DATE SIGNED June 20, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-20-1949	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetary	24d. LOCATION (City, town, or county) (State) Liberty, Missouri.
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DATE REC'D BY LOCAL REG. June 20, 1949	REGISTRAR'S SIGNATURE Buelah Kitchener	25. FUNERAL DIRECTOR'S SIGNATURE Morton-Smith's F.H.	ADDRESS N.K.C.Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 27
District Health Officer No. 8,

District File Number _____
Date Filed 6-27-49

JUN 27 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer _____

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas C

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.