

FILED SEP 2 1950

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 152

04780  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Prairie Twp</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>54 6/21-120</u>  |  | 3008   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Jackson County Home</u>                            |  | d. STREET ADDRESS (If rural, give location)<br><u>Mo. Ave + Grand Ave</u>  |  |

|  |  |  |  |
|--|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <u>MARY</u> b. (Middle) _____ c. (Last) <u>BRADLEY</u>                   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>8-18-50</u>            |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u>                        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>S</u> | 8. DATE OF BIRTH<br><u>7-10-1866</u>           |
| 9. AGE (In years last birthday) <u>84</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____                         | IF UNDER 6 WKS.<br>Hours _____ Min. _____      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Maid</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Ireland</u>        | 12. CITIZEN OF WHAT COUNTRY?<br><u>Unknown</u> |

|                                      |   |   |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME<br><u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Unknown</u> |
|--------------------------------------|---|---|

|  |   |   |         |
|--|---|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Unknown</u> | 16. SOCIAL SECURITY NO.<br><u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Jackson Co. Home, Rt #4, Indep. Mo.</u> | ADDRESS |
|--|---|---|---------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>yes</u><br><u>years</u><br><u>4.200</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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) |
|--|--|---|

|   |  |                           |
|---|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|---|--|---------------------------|

22. I hereby certify that I attended the deceased from January 9, 1950, to Aug 17, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

|   |                             |  |                                    |
|---|-----------------------------|--|------------------------------------|
| 23a. SIGNATURE<br><u>W. H. Harkness</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS<br><u>10th and Bk</u><br><u>Independence Mo</u> | 23c. DATE SIGNED<br><u>8/18/50</u> |
|---|-----------------------------|--|------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Anatomical</u> | 24b. DATE<br><u>8/22/50</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>K.C. University</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u> |
|--|-----------------------------|--|--|

|  |   |     |   |                                   |
|--|---|-----|---|-----------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>8-22-50</u> | REGISTRAR'S SIGNATURE<br><u>Samuel C. Emanuel</u> | 378 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>H. G. Longford</u> | ADDRESS<br><u>Lee's Summit Mo</u> |
|--|---|-----|---|-----------------------------------|

AUG 30 RECD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*M B Langford*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*3833*

P. O. Address.....

*Leis Summit 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.