

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1329

State File No. \_\_\_\_\_

FILED FEB 14 1953

421

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>37 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1114 PENNSYLVANIA AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1114 PENNSYLVANIA AVENUE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>EMBREE</u> c. (Last) <u>BRADLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21, 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	
8. DATE OF BIRTH <u>MAY 23, 1870</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 YEAR: Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HOWARD COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			

13a. FATHER'S NAME <u>JOHN C. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>AMENDA YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>CHRISTOPHER C. BRADLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CARLE E. BRADLEY</u> ADDRESS <u>6547 CERRY ST. KANSAS CITY, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>						
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) _____				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS				
		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? YES <input type="checkbox"/> NO <input 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 April 19, 1938, to Jan. 21, 1953, that I last saw the deceased alive on January 20, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Lee</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand Ave., K. C. Mo.</u>		23c. DATE SIGNED <u>1/22/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 23 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-23-53</u>		REGISTRAR'S SIGNATURE <u>A. Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

7:30. 12:00 noon

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

*Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address *Havres 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.