

WHILE PLAINLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24352**  
Registrar's No. **2962**

Registration District No. **399** 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 914 Van Bunt **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME Ida Bradshaw **632**  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife None Unknown 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased June 6, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Russell Co Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business At Home

**MOTHER FATHER**  
12. Name No record  
13. Birthplace No record  
(City, town, or county) (State or foreign country)  
14. Maiden name No record  
15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida A. Bradshaw  
(b) Address 914 Van Bunt

17. (a) Burial (b) Date thereof July 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation W. L. Washington

18. (a) Signature of funeral director W. C. Olson  
(b) Address Ind. Bldg. No.

19. (a) July 25, 1940 (b) M. M. Craue  
(Date received local registrar) (Registrar's signature)

**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. 914 Van Bunt  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-23-40  
year \_\_\_\_\_ hour \_\_\_\_\_ minut 6:30 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
\_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema  
Hypertensive Myocardium  
Chronic Hemorrhagic Nephritis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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 Russell Ben (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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.....



Licensed Embalmer No. 3156

P. O. Address Indep 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, above space should be left blank.**