

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30900
State File No. 3463
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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

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:
2126 Highland Ave
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Over Twenty Years
years, months or days

3. (a) PRINT FULL NAME William Bradshaw

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Bradshaw
6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Oct. 29 (Month) (Day) 1874 (Year)

8. AGE: Years 65 Months 10 Days 3
If less than one day hr. _____ min.

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

10. Usual occupation Pullman Porter

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Bradshaw

13. Birthplace Newark (City, town, or county) Missouri (State or foreign country)

14. Maiden name Amanda Logan

15. Birthplace Edina (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Addie Bradshaw

(b) Address 2126 Highland

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cemetery

18. (a) Signature of funeral director Wesley Appleton Jones

(b) Address 1925 7th St.
19. (a) Sept. 4, 1940 (Date received local registrar) (b) M. M. Crome (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. 2126 Highland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd
year 1940 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1934
_____, 19____, to 9-2-40, 19____
that I last saw him alive on 9-2-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Due to Ch. Zephrinus

Due to _____

Other conditions 121
(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) no

(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? _____

23. Signature W. H. ... (Specify type of place) (a) Means of injury _____

(b) Address 1509 E. 10th St. Date signed 9/4/40

Duration _____
PHYSICIAN 121
Underline the cause to which death should be charged statistically.

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.....

A. H. Vest
.....
Licensed Embalmer No. *2710*

P. O. Address *K. C. 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.