

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: **St Marys Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 Years** (Specify whether years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City, Mo**
(If outside city or town limit, write "RURAL")
(d) Street No. **1311 East 9th St** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Miss Annie Bradley**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 13, 1843**
(Month) (Day) (Year)

8. AGE: Years **97** Months **1** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Wisconsin** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patriok Bradley**

13. Birthplace **Ireland**

14. Maiden name **Susan McBride** (State or foreign country)

15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Charlotte E. Holmes**

(b) Address **1311 East 9th St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Nov 9, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys Cemetery**

18. (a) Signature of funeral director **Thomas E. Quirk**

(b) Address **4316 Troost Ave. K.C. Mo.**

19. (a) **NOV 8, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **7th** year **1940** hour **5 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 1**, 19**40** to **Nov 7**, 19**40** that I last saw **her** alive on **Nov 7**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Langrene left leg, 3 wks. Arterio Sclerosis - Acute ?**

Due to _____
Due to **97**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**
Of operations

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(b) Means of injury _____
22. Signature **M. S. Quirk** (M. D. or other)
Address **9060 Grand Ave. Kansas** Date signed **11-7-40**

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 Thomas J. Jewell

Licensed Embalmer No. 3775

P. O. Address K.P. 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.