V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13240

Registrar's No. 1859

**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: 425 N. Topping
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 47 Years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 425 N. Topping 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EUGENE MAE BRADLEY
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Catherine Susan
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: Mar. (Month) 29 (Day) 1856 (Year)
8. AGE: Years 86 Months 1 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace: Cooper County, (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation: Carpenter,
11. Industry or business: Retired
FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Raymond Coen,
(b) Address: 11115 E. 10th St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.
19. (a) 5-12-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: May day: 10 year: 1942 hour: 2 minute: 25 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to May 1 1942; that I last saw him alive on May 1 1942; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Lacunar Hemorrhage | 2 days |
| Due to: Arteriosclerosis | — |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis | |
| Major findings: Of operations: 8 30 | |
| Of autopsy: | |

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. H. Williams (M. D. or other)
Address: 5400 St John Ave K.C. Mo Date signed: 5/11/42

341 (Licensed Embalmer's Statement on Reverse Side)

## 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.....

P. O. Address.....

**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.**