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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23296

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2914

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:
3829 Virginia Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3829 Virginia Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. Stella C Bradley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mr. Arthur R. Bradley

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February (Month) 7 (Day) 1867 (Year)

8. AGE: Years 75 Months 5 Days ~~23~~ 25 If less than one day ..... hr. ..... min.

9. Birthplace Hickory Grove (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Captain P. D. Kenyon
13. Birthplace (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Louise Bowman
15. Birthplace (City, town, or county) Pennsylvania / (State or foreign country)

16. (a) Informant Harold R. Hall.
(b) Address 3304 Olive.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Packard Cemetery Cameron, Missouri

18. (a) Signature of funeral director W. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from August first, 1936 to Aug 2, 1942 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute sarcochymetous nephritis

Due to autointoxication

Due to 130

Other conditions Epilepsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 72 hrs, 4 yrs,

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 9

23. Signature Margaret Jones (M.D. or other) D.O.

Address 3739 Main St. Date signed 8-3-42

K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

3739 Maid street

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 Emile M Colhoun

Licensed Embalmer No. 3506

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, fact should be so stated above.