S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 49

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30623

Registrar's No. 4092

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:
2317 Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 29 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2317 Olive Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNEST BRADSHAW

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Wid. 9

6. (b) Name of husband or wife Fannie Bradshaw

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

7. Birth date of deceased May 21, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	5	0	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Granville Bradshaw
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Eliza
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Gertrude Johnson
(b) Address 2317 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave.

19. (a) 9-25-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature) Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 21 day Tuesday
year 1943 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from Aug 23 - 1943 to Sept. 21 - 1943
that I last saw him alive on Sept. 21 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septic Infection General Septicemia

Due to Infected Leg

Due to 186a

Other conditions 18
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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) Accident

(b) Date of occurrence 2 or 3 Months ago

(c) Where did injury occur? 13 Iowa
(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 Fall

23. Signature L. W. Booker (M. D. or other)
Address 2028 Vine St. Date signed 9/24/43

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(Licensed Embalmer's Statement on Reverse Side)

L. H. Barber.

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. J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.