

FILED APR 7 1944

1172

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
EN ROUTE IN AMBULANCE TO GENERAL HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 MINUTES  
(Specify whether  
In this community 25 YEARS  
years, months or days)

3. (a) PRINT FULL NAME MR. WILLIAM CLARENCE BRADFORD

3. (b) If veteran, name war No  
3. (c) Social Security No. 486-03-1704

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. BLANCHE BRADFORD  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased OCTOBER 8 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 5  
If less than one day hr. min.

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

10. Usual occupation INSPECTOR

11. Industry or business REMINGTON ARMS COMPANY

12. Name ALBERT F. BRADFORD

13. Birthplace FAIRMOUNT ILLINOIS  
(City, town, or county) (State or foreign country)

14. Maiden name EMMA KEASEL

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

16. (a) Informant MRS. BLANCHE BRADFORD

(b) Address 4422 WAYNE AVENUE

17. (a) BURIAL (b) Date thereof MARCH 15 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 3-15-44 (b) D. E. Brown  
(Date received local registrar) (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. 4422 WAYNE AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13<sup>TH</sup>  
year 1944 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion  
Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy See Above

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) (e) Means of injury \_\_\_\_\_  
23. Signature W. E. Walker (M. D. or other) \_\_\_\_\_  
Address 22 M. Way Date signed 3/15/44

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

MOTHER FATHER

**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.....

*H. O. Newman*

Licensed Embalmer No. ....

*4045*

P. O. Address.....

*N. O. Ms*

**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.**