

No. 2
1-2-43
5-17-39
1 X32897

FILED MAR 27 1944
Registration District No. 180

Primary Registration District No. 5572

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs
(Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 618 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1944 hour 7 minute 35 A.M.
21. I hereby certify that I attended the deceased from March 2, 1944, to March 3, 1944,
that I last saw her alive on Mar 2, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 36 hrs.

3. (a) PRINT FULL NAME EMMA Bradford

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Thomas Bradford 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: Feb. 26 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 7 If less than one day hr. min.

9. Birthplace: N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Home Work

11. Industry or business own Home

12. Name Gardner

13. Birthplace N.C.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Family Records & E.C. Falls

(b) Address Lee's Summit Mo

17. (a) Buried (b) Date thereof 3-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director F.M. Schick

(b) Address Lee's Summit Mo

19. (a) March 4, 1944 (b) F.M. Schick
(Date received local registrar) (Registrar's signature)

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
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?
While at work? (Specify type of place) (e) Means of injury.....
23. Signature Wm W Hart (M. D. or other) MD
Address Lee's Summit Mo Date signed 3-3-44

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

48
0
0

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

W. B. Langford

Licensed Embalmer No.

3833

P. O. Address

*1215 1/2 S. Main St.
St. Louis, 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.