

Registration District No. 179

Primary Registration District No. 6002

Registrar's No.

1. PLACE OF DEATH: Jackson

(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: 2307 Agnes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 47

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

(d) Street No. 2307 Agnes, 3
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Mary Agnes Brady

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th
year 1944 hour 6:00 minute A.

21. I hereby certify that I attended the deceased from 2-12-44
10/23/44 to 10/24/44 1944

that I last saw her alive on 10/23/44 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Patrick Brady

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

7. Birth date of deceased December 20 1873
(Month) (Day) (Year)

Immediate cause of death Respiratory failure and cardiac failure

Due to Cancer of stomach 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 46

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 70 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Joseph Flitgen

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fuller

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

16. (a) Informant Miss Agnes Brady

(b) Address 4801 Roanoke Pkwy., K. C., Mo.

17. (a) Burial (b) Date thereof 10-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Oct 24 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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. R. C. Bonfield Date signed 10/24/44
4748

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

Dr. C. J. Pinfold

4748 Prospect

2 delev

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..... 1848

P. O. Address..... H. C. Wisner

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.