

FILED OCT 20 1944

Registration District No. _____

Primary Registration District No. 1020

Registrar's No. 1014

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1002 So. 12th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 Years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 So. 12th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Brady

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-10-2738

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

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

7. Birth date of deceased March 16, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Forelady

11. Industry or business Sun Mfg. Co.

12. Name Wm. Brady

13. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Della Majors

15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas E. Brady

(b) Address 1201 1/2 Penn St.

17. (a) Burial (b) Date thereof Oct. 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heriman W. Sidenfader
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 10-10-44 (b) Deen J. Peeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day October
year 1944 hour 4 minute _____ M.
21. I hereby certify that I attended the deceased from Oct 8 - 1944 to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Angina Pectoris Duration 1 day
Chronic Endo-Carditis 9 mos.

Other conditions Widow lived alone
(Include pregnancy within 3 months of death)
and was found dead in
Major findings: her bed at her home without previous physician
Of autopsy no serious illness or disability
Underline the cause to which death could 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? _____ (c) Means of injury _____
23. Signature H. F. Mundy M. D. or other _____
Address 404 So 3rd St. Date signed 10/19/44

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

MOTHER FATHER

1377

(Licensed Embalmer's Statement on Reverse Side)

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

Herman W. Lindner

Licensed Embalmer No.....

5728

P. O. Address.....

St. Joseph 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.