

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32571**
Registrar's No. **4200**

Registration District No. **149** Primary Registration District No. **1002**

48
3
8

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

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: ST LUKES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-DAYS
(Specify whether years, months or days)

In this community 42 YEARS

3. (a) PRINT FULL NAME MRS DOROTHY E BRADLEY

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

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: OCTOBER 30 1902
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>42</u> | <u>11</u> | <u>10</u> | hr. _____ min. _____ |

9. Birthplace: KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NURSE

11. Industry or business PRACTICAL

MOTHER FATHER { 12. Name EUGENE M. BRADLEY

13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE S. WILKINS

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

16. (a) Informant MRS A M KLEINHOFFER

(b) Address 6445 JEFFERSON STREET

17. (a) BURIAL (b) Date thereof OCT-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT MORIAH CEMETERY

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-12-45 (b) Geraldine Holmes
(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. 425 NORTH TOPPING
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 10
year 1945 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Post Mortem mechanical

1. Obstruction of
terminal ileum
at site of surgical
incision & adhesions

2. Early bronchopneumonia

3. Acute abdominal

Due to _____

Due to _____

Other conditions (including pregnancy within 3 months of death) _____

Major findings: distension

Of operations _____

Of autopsy 12252

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) _____

(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? _____

23. Signature W. H. Newcomer (Specify type of place) M.D.
Address 1401 Brush Creek Blvd. (M. D. or other) _____
Date signed 10-10-45

301 (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

R. C. Mc...

Licensed Embalmer No. 4043

P. O. Address. R. C. Mc...

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.