S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40920

FILED JAN 8 1946

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Green Haven Add RR.#10 N.K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR. #10 North Kansas City Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay 24

(c) City or town RR. #10 Green Haven, 0
(If outside city or town limits, write "RURAL")

(d) Street No. North Kansas City MO. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Beverly Suzanne Bradford

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

4. Sex F 1 5. Color or race Wht 6. (a) Single, widowed, married, divorced Single 6

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

7. Birth date of deceased Sept. (Month) 24 (Day) 1942 (Year)

8. AGE: Years 3 Months 3 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Mobile (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation Baby

11. Industry or business .....

FATHER
12. Name Gerard Bradford Jr.
13. Birthplace Chestnut Hill (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Beverly Wilson
15. Birthplace New Orleans (City, town, or county) La 1 (State or foreign country)

16. (a) Informant Gerard Bradford Jr.
(b) Address RR#10 Green Haven Add. N.K.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) (Day) 1945 (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director Morton, Funeral Home
(b) Address North Kansas City Mo.

19. (a) Dec 25 - 1945 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1945 hour ..... minute ..... M.

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

	Duration
Immediate cause of death Asphyxiation by Gas	
Due to in Home	
Due to Coroner's Case	
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.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 24

(b) Date of occurrence Dec 24th - 1945

(c) Where did injury occur? Home (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? ..... (e) Means of injury ?

23. Signature J. C. Simms J. P. act. coroner (~~M.D. or other~~)

Address pioneer Bldg N.K.C. Mo. Date signed 12/24/45

1411

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-48

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 John S. Morton

Licensed Embalmer No. 4934

P. O. Address North Kansas City 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.