No. 2
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5489

FILED FEB 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 667

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: 3535 Gladstone Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 54 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits write "RURAL")

(d) Street No. 3535 Gladstone Blvd. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Harriett M. Bader

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife A.A. Bader

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

7. Birth date of deceased April (Month) 13 (Day) 1871 (Year)

8. AGE: Years 74 Months 9 Days ~~26~~ 25 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name John Short
13. Birthplace ____ (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Roberts
(b) Address 5039 High St. Welbourn, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill, Kans. City, Ks

18. (a) Signature of funeral director Eads Bros
(b) Address 1416 Minn Ave. Kans. City, Kans.

19. (a) 2-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1946 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from 8 Feb 1946, 19__, to 8 Feb, 1946; that I last saw her alive on 8 Feb, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorage — Duration 1 hr

Due to Cerebral Hemmorage

Due to ____

Other conditions — 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 8 3 a

Of autopsy none

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury 0

23. Signature John Clair Howard Jr (M. D. ~~or other~~)
Address 1408 Professional Bldg Date signed 8 Feb

(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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Lewis Betty, Ka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.