

FILED FEB 24 1947
1947

Registration District No. _____

Primary Registration District No. 1001

Registrar's No.

692

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 Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 1 day

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. 3040 Olive
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bradley Lynn Older

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

4. Sex male 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 Feb-11-1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

9. Birthplace Kansas City, MO
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Marvin Verne Older

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

14. Maiden name Virginia E. Flowers

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

16. (a) Informant Marvin V Older

(b) Address 3040 Olive

17. (a) Cremation (b) Date thereof Feb-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation - Elmwood C.

18. (a) Signature of funeral director Ms CR Foster

(b) Address 918 Brooklyn

19. (a) 2-14-47 (b) Sheldine Holmea
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1947 hour 5 minute 0 P. M.
21. I hereby certify that I attended the deceased from Feb 11-47 to Feb 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Infected gas (pulmonary) enlarged heart & aorta
Due to 1 day more (hypertension)
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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) (a) Means of injury 0
23. Signature Edwery White (M. D. or other) _____
Address 7052 Prof Date signed 2/14/47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address..... *918 Brooklyn
K. C. 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.