

S. No. 2  
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7-5-17-39  
1 X470

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1947  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8929**  
**1424**  
Registrar's No. \_\_\_\_\_

Registration District No. 149 Primary Registration District No. 1002

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:  
Northeast Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 4 days  
years, months or days)

3. (a) PRINT FULL NAME MRS. MAY BRADLEY  
(b) If veteran, name war No  
(c) Social Security No. X No.

4. Sex Fem 5. Color or race Wh  
6. (a) Single, widowed, married, divorced, Married  
(b) Name of husband or wife Ira Bradley  
(c) Age of husband or wife if alive 61 years  
X 7. Birth date of deceased 8 (Month) 2 (Day) 1888 (Year)

8. AGE: Years 58 Months 7 Days 18  
If less than one day  
hr. min.

9. Birthplace Burbon Co. Kans  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business //

12. Name Charles Jewel

13. Birthplace Burbon Co Kans  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Stone BURBON CO.

15. Birthplace Burbon Co. Kans  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Bradley

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 3-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kans.

18. (a) Signature of funeral director John P. Sheil

(b) Address K. C. Mo.

19. (a) 3-27-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 19  
(c) City or town Archie, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. --  
(If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25  
year 1947 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar 21, 1947 to March 25 1947  
that I last saw her alive on March 24 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 7 Days

Due to Ruptured Gall Bladder 3 Days

Due to Cholelithiasis ?  
Other conditions stones 120

Major findings:  
Of operations Ruptured Gall Bladder & Peritonitis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_  
23. Signature Frank E. Ray or other \_\_\_\_\_  
Address 4314 29th St. K.C. Mo. Date signed 3-25-47

Ms. Day -  
Hicksville, Long.

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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 P. Steel  
Licensed Embalmer No. 3625

P. O. Address Kennelby Md

**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.**