

S. No. 2
1-8-43
5-17-39
P1 X37823

FILED AUG 13 1947

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 3209

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL.")

(d) Street No. 2958 Norton ⁸
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marie Brady

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1947 hour 2 minute 30 A.M.

4. Sex Female 5. Color or race wh

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

6. (b) Name of husband or wife Milton Brady

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 9-18-1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24, 1947 to 7-29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

8. AGE: Years 60 Months 10 Days 11
If less than one day 4 hr. min.

Duration

Due to Coronary Arteriosclerosis

Due to Hypertension

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

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death)

Major findings: 830

Of operations

Of autopsy

MOTHER FATHER

11. Industry or business

12. Name Nelson Ruback ⁴

13. Birthplace Denmark ^{yes}
(City, town, or county) (State or foreign country)

14. Maiden name Denmark ⁴

15. Birthplace Denmark ^{yes}
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary E. Allard

(b) Address 2958 Norton K.C. Mo

17. (a) Burial (b) Date thereof 9-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director F. L. Walton

(b) Address Kansas City Mo

19. (a) 7-31-47 (b) Eveline Holmes
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

(Specify type of place)

While at work?

(e) Means of injury

23. Signature LeRoy J. Gayer (M. D. or other) ⁴⁸

Address 3034 Harrison Date signed 7-29-47

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

A. S. Walton

Licensed Embalmer No. *2744*

P. O. Address *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.