S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

Registration District No. 147

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34425

Registrar's No. 4352

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: 6107 SWOPE PARKWAY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community 29 YEARS years, months or days)

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. 6107 SWOPE PARKWAY 8
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MR JOHN NATHANIEL CRADIT

3. (b) If veteran, name war NO

3. (c) Social Security No. 499-16-0749

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. SUE V. CRADIT

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased AUGUST (Month) 5 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	9	hr. min.

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

10. Usual occupation BANKER - TELLER

11. Industry or business COMMERCE TRUST COMPANY

FATHER
12. Name GEORGE W. CRADIT
13. Birthplace RIPLEY OHIO (City, town, or county) ~~UNKNOWN~~ (State or foreign country)

MOTHER
14. Maiden name LUCILLE LEITH
15. Birthplace WAUPAU WISCONSIN (City, town, or county) (State or foreign country)

16. (a) Informant SUE V CRADIT
(b) Address 6107 SWOPE PARKWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation QUENEMO, KANSAS

18. (a) Signature of funeral director D. N. Newcomers Sons
(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 10-16-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 14 day ..... year 1947 hour 2:55 minute P M.

21. I hereby certify that I attended the deceased from March 22, 1947 to Oct 14, 1947 that I last saw him alive on Oct 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ventricular Fibrillation	
Due to Coronary Heart Disease	
Due to Hypertensive Heart Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 D

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Richard L. Lehner (M. D. or other) M.D.

Address 4301 Main, K. C. Mo. Date signed Oct 14, 1947

Jefferson City Printing Co.

(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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, 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.