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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3978

State File No.

FILED FEB 24 1948

Registration District No. 82

Primary Registration District No. 1000

Registrar's No. 195

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1521 Felix St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Andrew Brady
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Inez Brady
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 21 (Day) 1865 (Year)

8. AGE: Years 82 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Fall City (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Retired
11. Industry or business C. B. & Q. R. R. Co.
FATHER
12. Name John T. Brady
13. Birthplace Garrett County (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Milanda Terhune
15. Birthplace Garrett County (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Emily McCutchen
(b) Address St. Joseph, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 2-18-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1948 hour 7 minute 55 P.M.
21. I hereby certify that I attended the deceased from Feb 8, 1948, to Feb 12, 1948
that I last saw him alive on Feb 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis general
Due to Suppurative Parotitis
Due to Malnutrition
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury
23. Signature Louis G. Neudorff, M.D. (M. D. or other)
Address 825 Charles St. Date signed 2/14/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Francis Joseph Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address 1015½ Sylvania St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.