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FILED MAR 20 1948  
Registration District No. 149

Primary Registration District No. 1001

State File No. ....  
Registrar's No. 1129

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:  
1322 Highland 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... About 4 months  
(Specify whether 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. 2515 E. 11th. 8  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME John Thomas Bragg

3. (b) If veteran, name war... unknown

3. (c) Social Security No. 496-32-3666

4. Sex... Male 2 5. Color or race... Negro 9

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

6. (b) Name of husband or wife... unknown

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

7. Birth date of deceased... July 6 - 1898  
(Month) (DAY) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 1 day... 22  
year... 1948 hour... 2 minute... 35 P.M.

21. I hereby certify that I attended the deceased from... 19... to... 19...  
that I last saw him... alive on... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death... Cardiac Failure

Due to... Hypertensive Heart Disease

8. AGE:

Years	Months	Days	If less than one day
49	6	16	hr. min.

Duration

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

Major findings:  
Of operations... a3d

Of autopsy... No - Permit

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace... Ga. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation... Section Laborer

11. Industry or business...

MOTHER FATHER {

12. Name... Unknown 9

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

14. Maiden name... Unknown 9

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

16. (a) Informant... Arzo Barker 1  
(b) Address... 2515 E. 11th.

17. (a) Burial (b) Date thereof... 3/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Lincoln Cem.

18. (a) Signature of funeral director... E. Steinhilber  
(b) Address... 1212 mine S. C. 7th

19. (a) 3-13-48 (b) Geraldine 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?..... (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... 0

23. Signature... H. H. H. (M. D. or other) W.D.C.  
Address... 2636 - Brodley Date signed.....

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

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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

*E. Sterling Billa*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 Vine St.*

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.