

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26160  
State File No. 3070  
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  
(c) Name of hospital or institution: 1216 Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 years  
In this community 25 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Henry Bradley  
3. (b) If veteran, name war World War 2  
3. (c) Social Security No. 499-09-4357

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased October 18 1921  
(Month) (Day) (Year)

8. AGE: Years 26 Months 9 Days 8  
If less than one day hr. min.

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

10. Usual occupation Construction Worker

11. Industry or business

12. Name John H. Bradley  
13. Birthplace Missouri  
14. Maiden name Katie Withers  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Holloway  
(b) Address 2447 McCoy Street

17. (c) Burial (b) Date thereof 7-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri

19. (a) 7-28-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 2447 McCoy Street 8  
(If rural, give location) NO 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July 26th.  
year 1948 hour 4:12 minute P M.

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

Immediate cause of death: Gun shot wound of chest  
Duration

Due to

Due to

Other conditions: 166  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: History + Jurgelium  
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) Homicide

(b) Date of occurrence 7-26-48

(c) Where did injury occur? 166 Jackson Mo  
(City or town) (County) (State)

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

While at work? yes (Specify type of place) (e) Means of injury 45 bullet  
Protect

23. Signature James Walker 3 (M. D. or other) Comm  
Address 1424 1st St Date signed 7-27-48

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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 *Willie H. Bennett*  
.....  
Licensed Embalmer No. *4438*  
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.