

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26161  
Registrar's No. 3364

FILED SEP 4 1948  
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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 DAYS  
In this community 23 YRS.  
years, months or days

3. (a) PRINT FULL NAME JOSEPH BRADSHAW  
(b) If veteran, name war no  
(c) Social Security No. 493-14-8405

4. Sex MALE 2  
5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive 14 years 1889  
7. Birth date of deceased FEBRUARY 14, 1889  
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 27  
If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER  
12. Name CHARLIE BRADSHAW  
13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY RAY  
15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MORRIS (FRIEND)  
(b) Address 1703 TROOST

17. (a) Burial (b) Date thereof 8-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Robert Kortuary  
(b) Address 1912 Van Buren, Topeka, Mo.

19. (a) 8-18-48 (b) Geraldine Hobbs  
(Data 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") 8  
(d) Street No. 1703 TROOST  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 11,  
year 1948 hour 6: minute 45 A.M.  
21. I hereby certify that I attended the deceased from JULY  
29, 1948 to AUGUST 11, 1948  
that I last saw him IM alive on AUGUST 11, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF HEAD OF PANCREAS  
Duration

Due to  
Due to  
Other conditions Hyp  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy SAME AS ABOVE  
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)  
(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?  
While at work (Specify type of place) (e) Means of injury  
23. Signature [Signature] M.D. or other  
Address GENERAL HOSPITAL NO. 2 Date signed 8/11/48

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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 E. Sterling Bills

Licensed Embalmer No. 23178

P. O. Address. 1213 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.**