

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22954
3097 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 20 yrs

c. CITY OR TOWN KANSAS CITY 2198

d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL

d. STREET ADDRESS (If rural, give location) 1224 LINWOOD BLVD. 230

3. NAME OF DECEASED
a. (First) SIDNEY b. (Middle) RAY c. (Last) BRADLEY

4. DATE OF DEATH (Month) (Day) (Year) JULY 20 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED 2

8. DATE OF BIRTH OCT 31, 1894

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUBLIC RELATIONS

10b. KIND OF BUSINESS OR INDUSTRY PIERCE, HEADRICKS SHERWOOD

11. BIRTHPLACE (State or foreign country) SALEM IOWA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME SID BRADLEY

13b. MOTHER'S MAIDEN NAME ANNETTA TAYLOR

14. NAME OF HUSBAND OR WIFE MRS. FLORENCE BRADLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys J. Bradley 915 E. 67th St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
MEDICAL CERTIFICATION
Metastatic melanotic Sarcoma
w/ Pulmonary embolism
DUE TO (b) Primary ant neck
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1991

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1951, to JUNE, 1951, that I last saw the deceased alive on _____, 19____, and the death occurred at 10:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Black M.D. (Degree or title)

23b. ADDRESS 924 PROFESSIONAL BLDG. KANSAS CITY MISSOURI

23c. DATE SIGNED JULY 21 1951

24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JULY 21 1951

24c. NAME OF CEMETERY OR CREMATORY BEDFORD

24d. LOCATION (City, town, or county) (State) IOWA

DATE REC'D BY LOCAL REG. 7-21-51

REGISTRAR'S SIGNATURE Geraldine Palmer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1931 BRUSH CREEK KANSAS CITY, Mo.

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City*

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.