U.S. No. 300
Rev. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1952

State File No. 34896

Registrar's No. 4329

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (In this place): 16 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 6905 Paseo

3. NAME OF DECEASED (Type or Print)
a. (First): Glenn
b. (Middle): E.
c. (Last): Bradford

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: SEPT-25-1936
9. AGE (In years last birthday): 16 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: South East High School
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Harold E. Bradford
13b. MOTHER'S MAIDEN NAME: Elizabeth Esry
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: HAROLD E. BRADFORD — ADDRESS: 6905 THE PASEO KANSAS CITY MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Poliomyelitis-Bulbar Type — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Pulmonary Edema — 1 day
DUE TO (c) Acute Pulmonary Hemorrhage — 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
NONE

19a. DATE OF OPERATION: Oct 2 1952
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy
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* Sept 30, 1952, *to* Oct 2, 1952, *that I last saw the deceased alive on* Oct 2, 1952, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles J. Eldridge M.D.
23b. ADDRESS: 6247 Brookside Blvd
23c. DATE SIGNED: Oct. 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT 4 1952
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MEMORIAL PARK CEM.
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 10-4-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomb's Sons — ADDRESS: 1331 BRUSH CREEK Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.