

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17913**
2274
Registrar's No. _____

LED MAY 21 1953

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

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 (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 1304 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) N. c. (Last) Bradley		4. DATE OF DEATH (Month) May (Day) 1 (Year) 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 1-18-92
9. AGE (In years) 61 (Month) 6 (Day) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
11b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Monroe Bradley	13b. MOTHER'S MAIDEN NAME Mary Alice Jeffries	14. NAME OF HUSBAND OR WIFE Dora Bradley (Deceased)
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes	16. SOCIAL SECURITY NO. 492-26-1330	17. INFORMANT'S SIGNATURE OR NAME Willard F. Bradley	ADDRESS Indep., 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the lung, inoperable		INTERVAL BETWEEN ONSET AND DEATH 103X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Apr. 9, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward H. Stratton (Degree or title) MD	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 5/1/53
--	---	-----------------------------------

24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial	24b. DATE 5/2/53	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo.
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 5-1-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Independence, Mo.
---	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.