REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space 22694

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH
(a) County Miller 2 Registration District No. 561
(b) Township or Franklin 1 Primary Registration District No. 3-756 Registered No. 44
(c) City ~~Eldon~~ (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed 622
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1939

7. AGE

Years	Months	Days	If LESS than 1 day,
No	No	No	no hrs. or no min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as saw mill, bank, etc.: --
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldon Missouri

FATHER
13. NAME: Wilford Bradshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pilot Grove Missouri

MOTHER
15. MAIDEN NAME: Helen Mary Stabcup
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldon Missouri

17. INFORMANT (ADDRESS): Parent Eldon, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Phillips Funeral Home

19. ~~FUNERAL DIRECTOR~~ (NAME) Peter Dooley Cem
(ADDRESS) Eldon Mo

20. FILED 6-29 1939 Belle Haynes *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939 to June 29, 1939
I last saw him alive on June 29, 1939 Death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:
Unknown

Name of operation None Date of --
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. G. Shelton M. D.
(Address) Six South Maple, Eldon, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 39-~~44~~-87
Date Filed 7-14-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.