

Registration District No. 15 139

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(d) Street No. 1165 Nichols
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JAMES L. BRADLEY
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 26
year 1939 hour 1 minute 15 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Alma Bradley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEP. 8 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11, 19, 39, 19____, to 11, 26, 39, 19____; that I last saw him alive on 11, 25, 39, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 2 Days 15 If less than one day _____ min.

Immediate cause of death Alcoholism, chronic-Cirrhosis liver- plus Eohn, Jaundice-
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 124 h

9. Birthplace Springfield Mo.
10. Usual occupation Retail Merchant
11. Industry or business In Store
12. Name James Bradley
13. Birthplace Ark
14. Maiden name Fanny Wilkie
15. Birthplace Mo.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Jane Bradley
(b) Address Springfield Mo.
17. (a) Burial, cremation, or removal buried Date thereof Nov 28 1939
(b) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director W. W. Wagner
(b) Address Springfield Mo.
19. (a) 11-27-39 (Date received local registrar) Chas. George (Registrar's signature)

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 J. D. Murick (M. D. or other) _____
Address Springfield, Mo. Date signed 11-27-39

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.

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.....

Egle Lane Jr. Registered Apprentice No. *232*
working under my personal supervision.

Signed *Warren D. Noblet*

Licensed Embalmer No. *4005*

P. O. Address. *Springfield, 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, above space should be left blank.

X