

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 43776Registrar's No. 146Registration District No. 431Primary Registration District No. 3023

## 1. PLACE OF DEATH:

(a) County Johnson  
 (b) City or town Warrensburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 221 Polk st. V  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT  
FULL NAMEMary Ellen Bradford 6313. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Fe5. Color or  
race colored6. (a) Single, widowed, married,  
divorced widow6. (b) Name of husband or wife  
James Bradford6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_

(Month) unknown (Day) (Year)

8. AGE:

Year

Months

Days

If less than one day

about 83

hr. \_\_\_\_\_ min.

9. Birthplace

FreedomMo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name

Ben Plumer

13. Birthplace

Vir.  
(City, town, or county) (State or foreign country)

14. Maiden name

UNKNOWN

15. Birthplace

UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address 221 Polk st. Warrensburg Mo.17. (a) Burial  
(Burial, cremation, or removal)(b) Date thereof Jan 31 1939  
(Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director

W. J. Nixon(b) Address Warrensburg Mo.19. (a) Dec 30-39 (b) Eva Bentley

(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
 (c) City or town Warrensburg  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 221 Polk st.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29<sup>th</sup>  
 year 1939 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from  
Dec 1, 1939, to Dec 29, 1939;  
 that I last saw her alive on Dec 26, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis, Chronic

Duration

?

Due to \_\_\_\_\_

Due to 93C

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 E. R. Cooper M.D. (M. D. or other) \_\_\_\_\_Address Warrensburg Mo Date signed 12-30-39

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/11/49

**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. 3053

P. O. Address Warrensburg 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.**