

APR 23 1940

State File No. _____

Registration District No. 719

Primary Registration District No. 5-950

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Elm Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 63

3. (a) PRINT FULL NAME John Edward Bradshaw
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marda Bradshaw 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 12 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 6 If less than one day hr. 0 min.

9. Birthplace Putnam Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business FARM

MOTHER FATHER { 12. Name George Bradshaw

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Combs

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marvel R. Burns

(b) Address Unionville Mo.

17. (a) Burial (b) Date thereof Mar 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruth Center

18. (a) Signature of funeral director W. M. ...

(b) Address Unionville Mo

19. (a) March 19 1940 Marnie Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1940 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from several years, 19____, to March 17, 1940
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic corduroy
vascular renal disease

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____

Of autopsy _____ Underline the cause to which death should be charged statistically

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 N. W. Gillman (M. D. or other) 3

Address Unionville Mo Date signed March

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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-759

Date Filed APR 9 1940

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 comply with the above constitutes grounds for revocation of license.)

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