

Registration District No. **624**

Primary Registration District No. **5826**

Registrar's No. **15**

FILED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural Hopkins Twp
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Harvey Bradley Jr 634

3. (b) If veteran, name war 3. (c) Social Security No. _____

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr 30 min

9. Birthplace Hopkins Mo Rural
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ralph Bradley

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

14. Maiden name Helma Wiseman

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

16. (a) Informant Ralph Bradley
(b) Address Hopkins Mo

17. (a) Rural (b) Date thereof 6/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westman Chapel

18. (a) Signature of funeral director none
(b) Address _____

19. (a) 6/13/40 (b) Off Ogley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State at place of death County _____
(b) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/12 1940 to 6/13 1940
that I last saw him alive on 6/12/40 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth (6 mo)

Due to unknown

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 [Signature] (M. D. or other) _____
Address Hopkins Date signed 6/13/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 11,
District File Number 740-1223
Date Filed JUL 15 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, fact should be so stated above.