

AUG 23 1946

State File No.

Registration District No.

404

Primary Registration District No.

5558 Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Jackson  
 (b) City or town Rural - Washington Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community: 22 days  
years, months or days)3. (a) PRINT FULL NAME: Leo Roy Bradford b31

8. (b) If veteran, name war: No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife:
- Mabel G
6. (c) Age of husband or wife if alive:
- 54
- years

7. Birth date of deceased:
- Aug 20 1890
- 
- (Month) (Day) (Year)

- | 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>49</u> | <u>10</u> | <u>22</u> | hr. min.             |

9. Birthplace:
- Schuyler County Mo.
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation: Apiculturist11. Industry or business: Same

12. Name: Leo R Bradford  
 13. Birthplace: Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name: Mary Marion Cannon  
 15. Birthplace: Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mabel G Bradford(b) Address: Oregon Mo.

17. (a) Burial (b) Date thereof: Jul 15 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon Mo.18. (a) Signature of funeral director: James H Pettigall(b) Address: Oregon Mo.

19. (a) 8-9-46 (b) Mrs Jos. J. Brennan  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State:
- Missouri
- (b) County:
- Kalt

- (c) City or town:
- Rural
- 
- (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
- July
- day
- 12
- 
- year
- 1946
- hour
- 8
- minute
- 45 P
- M.

21. I hereby certify that I attended the deceased from
- April 20
- , 19
- 46
- , to
- June 25
- , 19
- 46
- .

that I last saw him alive on June 25, 1946  
and that death occurred on the date and hour stated above.Immediate cause of death: Carcinoma of Pancreas - Liver and Stomach

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)Nelle D. Turney D.O.  
Major findings: as above statedOf operations: Carcinoma pancreas - liver & stomach

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? \_\_\_\_\_

366 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_23. Signature: Nelle D. Turney M.D. or other \_\_\_\_\_Address: Oregon Mo. Date signed: 7-12-46

Duration

4-20-40

PHYSICIAN

Underline the cause of death which should be charged statistically.

46

**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 James H. Pettigrew  
Licensed Embalmer No. 3192  
P. O. Address Oregon 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 25387

Registration District No. 404

Primary Registration District No. 5538

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Washington  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Leo Roy Bradford

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m race w

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

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

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) 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.

20. DATE OF DEATH: Month July day 12 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of pancreas, liver and stomach

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)

(a) Means of injury \_\_\_\_\_

23. Signature Nelle D. Lumey, M.D. (Other) \_\_\_\_\_

Address Oregon Date signed \_\_\_\_\_

SUPPLEMENTARY

Physician Duggan

Underline the cause to which death should be charged statistically.

