

AUG 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

25544

Registration District No. 449Primary Registration District No. 4767

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE
 (b) City or town NEBANON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
WALLACE HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 DAYS
 (Specify whether years, months or days) ALWAYS

8. (a) PRINT FULL NAME HOMER EDMOND BRADSHAW

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 7. Birth date of deceased MAR 18-1879
 (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 10 If less than one day _____ hr. _____ min.9. Birthplace LACLEDE CE MO U
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

12. Name S. R. BRADSHAW13. Birthplace NY
(City, town, or county) (State or foreign country)14. Maiden name MARY BRADSHAW15. Birthplace US
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs H G Bradshaw(b) Address ELDREDGE MO17. (a) Hough Cem (b) Date thereof 7-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hough Cemetery18. (a) Signature of funeral director James Hough(b) Address LEBANON MO19. (a) 1-29-40 (b) J. A. McCoub
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
 (c) City or town ELDREDGE TWP
 (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 25
year 1940 hour 5 minute P M.21. I hereby certify that I attended the deceased from 7-17
1940, to July 28 1940
that I last saw him alive on 7-28
and that death occurred on the date and hour stated above.Immediate cause of death Extensive 1st 2nd & 3rd degree burns
Chest, abd, genitals, & extremities Duration 11 days

Due to _____

Due to _____

Other conditions 180
(Include pregnancy within 3 months of death)Major findings: Of operations 0Of autopsy 0

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

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence 7-17-40(c) Where did injury occur? Elbridge, Laclede, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home burned, stove explodedWhile at work? no (Specify type of place) (e) Means of injury Person23. Signatures James Hough (M. D. or other) 1/29/40Address Lebanon Missouri Date signed 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19311

RECEIVED

District Health Officer No. 7
District File Number 8-40-1114
Date Filed 8-8-40

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.....

D. Bohner

Licensed Embalmer No. 1161

P. O. Address

Liberon 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.