AUG 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25568

Registration District No. 464 Primary Registration District No. 4275 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Mayview Mo
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lafayette
(c) City or town Mayview.
(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.

3. (a) PRINT FULL NAME Charley Bradford.
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 15th (Month) 1864 (Day) (Year)
8. AGE: Years 76 Months 8 Days 14 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Tom Bradford
13. Birthplace (City, town, or county) Penn. (State or foreign country)
MOTHER 14. Maiden name Do not know
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant's own signature Beatrice Giglens
(b) Address 437 West Aldine St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive
18. (a) Signature of funeral director Porter & Meinerhagen
(b) Address Bridgeton Mo
19. (a) June 30 - 1940 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1940 hour 1 A.M. minute M.
21. I hereby certify that I attended the deceased from June 5, 1940 to June 29, 1940, that I last saw him alive on June 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — 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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature Jno B Willis M.D. (M. D. or other)
Address Mayview, Mo Date signed 8/2/40

(Licensed Embalmer's Statement on Reverse Side)

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. 8,
District File Number
Date Filed 5-15-40

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. Roy F Kuegel

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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