No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31677

Registration District No. 157 Primary Registration District No. 4091 Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pleasant Hill Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Pleasant Hill, Mo
(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.

3. (a) PRINT FULL NAME THOMAS 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 widowed

6. (b) Name of husband or wife dead

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

7. Birth date of deceased June (Month) 12 (Day) 1847 (Year)

8. AGE: Years 93 Months 2 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Caldwell (City, town, or county) N.C. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name ? unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. H. Johnson
(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery Mo

18. (a) Signature of funeral director A. W. Brownfield
(b) Address Pleasant Hill Mo

19. (a) 9-4-40 (Date received local registrar) (b) Mrs. Etta McAldridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1940 hour 12 ~~minute~~ M.

21. I hereby certify that I attended the deceased from Sept. 2, 1940 to Sept. 2, 1940
that I last saw him alive on Sept. 2, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerosis Ck. Myocarditis	
Due to	
Due to 93 C	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 149 (Specify type of place)
While at work? (e) Means of injury

23. Signature P. D. Murray (M. D. ~~or other~~)
Address Pleasant Hill Mo Date signed 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

Brad Shaw Brad Shaw

Br

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, ~~on~~ Sept. 4 1940, Registered Apprentice No. _____ working under my personal supervision.

Signed A. W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.