

Registration District No. 12402

Primary Registration District No. 4240

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper County
(b) City or town Carl Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
612 North Roney
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME TILDA DELORA ELMORE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Daniel Elmer Bradshaw 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 7 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name Shamile Vanhebbler
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lee
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel E. Bradshaw

(b) Address 612 N. Roney Carl Junction, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Barney Funeral Service
(b) Address Carl Junction, Mo.

19. (a) Sept 23 1940 (Date received local registrar) (b) Ray P. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction
(If outside city or town limits, write "RURAL")
(d) Street No. 612 N. Roney St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1940 hour 4:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 17, 1940, to Sept 22, 1940, that I last saw her alive on Sept 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with Edema
Due to Cause 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 M. Pinkerton D. O. (M. D. or other) 3
Address Carl Junction Mo. Date signed _____

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

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

40-10-422

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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Carl Junction, 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.