

Registration District No. 135

Primary Registration District No. 5201

Registrar's No. 98

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Rural Eugene Twp.
(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 years, months or days) _____

3. (a) PRINT FULL NAME Edgar R. Bradshaw
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy Gittings 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. N. Bradshaw
18. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Benson
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ed Bradshaw
(b) Address Carrollton, Mo. P.F.O.

17. (a) Burial (b) Date thereof 11, 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cem

18. (a) Signature of funeral director Stanley
(b) Address Carrollton, Mo.

19. (a) 11-12-40 (b) W. B. Atwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carroll
(c) City or town Rural-Eugene
(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 Nov day 11
year 1940 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct 20th
1940 to Nov. 11th 1940;
that I last saw him alive on Nov. 11th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 3 wks

Due to Hypertension ?

Due to Chronic nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131
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? _____

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

23. Signature W. B. Atwood (M. D. or other) 1

Address Carrollton, Mo Date signed 11/12/40

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.

DEC 10 1940

04-4-81
RECEIVED
No. 8

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 Ben W. Gibson
Licensed Embalmer No. 2961
P. O. Address Carrollton, Va

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.