

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39535**

Registration District No. **718**

Primary Registration District No. **6430**

Registrar's No. **52**

1. PLACE OF DEATH:

- (a) County **PUTNAM**  
(b) City or town **UNIONVILLE**  
(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)  
In this community **ALL LIFE** years, months or days **71**

3. (a) PRINT FULL NAME **ARLEY W. BRADSHAW**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **MAY 21 1874** (Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **23** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **PUTNAM Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **No Occupation**

12. Name **CYRUS BRADSHAW**

13. Birthplace **DONT KNOW** (City, town, or county) (State or foreign country)

14. Maiden name **RACHEL HARBERT**

15. Birthplace **DONT KNOW** (City, town, or county) (State or foreign country)

16. (a) Informant **A J Bradshaw**

- (b) Address **UNIONVILLE Mo.**

17. (a) **BURIAL** (b) Date thereof **NOV 15 1940** (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **UNIONVILLE CEMETERY**

18. (a) Signature of funeral director **Sam Stock FUNERAL HOME**

- (b) Address **Unionville Mo.**

19. (a) **Nov 16 1940** (b) **M-W Gallum** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **PUTNAM**  
(c) City or town **UNIONVILLE** (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** 14  
year **1940** hour **7:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **did not treat him**, 19 \_\_\_\_\_, to 19 \_\_\_\_\_, that I last saw him alive on **About Aug -**, 19 **40**, and that death occurred on the date and hour stated above.

- Immediate cause of death **Do not know but from history of case he probably died of Myocarditis -**  
Due to \_\_\_\_\_

- Due to **D.H.**

- 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 **November 14 - 40**  
(c) Where did injury occur? **at home** (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 **E. H. Magee M.D.** (M. D. or other)

- Address **Unionville Mo** Date signed **Nov 15 - 40**

RECEIVED

District Health Officer No. 10

District File Number 12-40-2230

Date Filed DEC 7 1940

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 \_\_\_\_\_

Licensed Embalmer No. 3891

P. O. Address Unionville 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.