

No. 2
4-13-40
5-17-39
I X231E

JAN 10 1941

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

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

1. PLACE OF DEATH, **Jasper**
 (a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2116 Annie Baxter
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community **50 yrs.**
 years, months or days _____

3. (a) PRINT FULL NAME **Anna Bradbury**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fem** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 6, 1857**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business **Housewife**

MOTHER FATHER { 12. Name **Thomas Lowry**
 13. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

14. Maiden name **Achs. Wright**

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

16. (a) Informant **Fred Lowry**

(b) Address **2116 Annie Baxter Ave.**

17. (a) **Burial** (b) Date thereof **12-31-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Hubert Fred Co.**

(b) Address **Joplin, Mo.**

19. (a) **1-4-41** (b) **W. D. James**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
2116 Annie Baxter
 (d) Street No. _____ (If rural, give location)
 0 (e) If foreign born, how long in U. S. A.? **No** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **30**
 year **1940** hour **7** minute **55** a.m.

21. I hereby certify that I attended the deceased from **Dec 10**, 19**40** to **Dec 30**, 19**40**
 that I last saw **her** alive on **Dec 24**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, chr.**
 Due to **arthritis**

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

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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? **372** (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **H. W. Walker** (M. D. or other) **1**
 Address **Joplin Mo.** Date signed **12/31/40**

41-1-61

REC'D
MAY 1961

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 *Sam E. Jensen*
.....
Licensed Embalmer No. *4099*
P. O. Address *Joplin 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, fact should be so stated above.