

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4139

State File No. _____

Registration District No. 779

Primary Registration District No. 60240

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St Francis
(b) City or town Clown, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ward 11 Bldg.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francis
(c) City or town Clown 94
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1941 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug 17, 1940, to Jan 26, 1941;
that I last saw him alive on Jan 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death arterial embolism (9) 10 months
Duration

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
4

Major findings: none
Of operations _____
Of autopsy none
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? 700
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. P. Duckworth (M. D. or other) MD
Address Desloge Mo Date signed 1-26-41

3. (a) PRINT FULL NAME Violet Lucille Bradley

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced self

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

7. Birth date of deceased 12-27-1914
(Month) (Day) (Year)

8. AGE: Years 26 Months - Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Factory worker (Ret)

11. Industry or business Ret

12. Name Wm Bradley

13. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alta Mae Bradley

15. Birthplace Desloge Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alta Mae Bradley

(b) Address Elvins, Mo.

17. (a) _____ (b) Date thereof Jan 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jayne Cemetery

18. (a) Signature of funeral director Calwell Bros
(b) Address Flat River Mo

19. (a) 1-22-41 (b) W. P. Duckworth
(Date received local registrar) (Registrar's signature)

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

94
00

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.....

P. O. Address.....

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.