

LED MAR 19 1941

Registration District No. 720

Primary Registration District No. 4283

State File No.

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(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 _____
In this community 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elmina Isabell Bradshaw

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 married

6. (b) Name of husband or wife Albert L 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 22 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas A. Spielman

13. Birthplace Allen Co Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Brown Parish

15. Birthplace Anderson Co Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Spielman

(b) Address Mt. Vernon, Mo

17. (a) Burial (b) Date thereof Feb 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cemetery

18. (a) Signature of funeral director H.O. Fassett

(b) Address Mt. Vernon, Mo

19. (a) 2-17-1941 (b) P. H. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mt. Vernon 55
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 1 minute 30 P.

21. I hereby certify that I attended the deceased from Feb 13
Feb 1941 to Feb 15 1941;

that I last saw her alive on Feb 15 1941;

and that death occurred on the date and hour stated above

Immediate cause of death Acute Bronchitis
Pneumonia

Due to Influenza 7 days

Due to _____ 7 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
3 days
7 days

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? _____

4-21 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature P. H. Palmer (M. D. or other) D

Address Mt. Vernon Mo Date signed 2-17-41

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

RECEIVED

District Health Officer No. 6,

District File Number 341-316

Date Filed MAR 5 1941

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 _____

Max L. Fossett, Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 9201

P. O. Address Mt. Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.