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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 677

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4403

...te File No. 7828

...rar's No. 46

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

1
2
2

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nelle McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEA...

(a) State Missouri (b) County Phelps 81

(c) City or town St James 3
(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.? ✓ 1 years.

3. (a) PRINT FULL NAME Bartlett B. Bradfield

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, divorced ?

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 20 (Day) 1852 (Year)

8. AGE: Years 88 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace St. Joe County / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business ✓

FATHER
12. Name Not Known
13. Birthplace Not Known ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known ? (City, town, or county) (State or foreign country)

16. (a) Informant Clem Brown
(b) Address St James, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic

18. (a) Signature of funeral director Jones & Gomez
(b) Address St James Mo

19. (a) Feb 14, 1941 (Date received in registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1941 8:30 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 12th, 1941, to Feb. 13, 1941; that I last saw him alive on Feb. 13th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ravages of old age and influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33 B	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

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

610

23. Signature A. Nelle McFarland (M. D. or other)

Address Rolla, Mo. Date signed 2/12/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 34/384
Date Filed _____

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.