

No. 2
-13-40
-17-39
X23159

FILED **AUG 11 1941** **29**

Registration District No. _____

Primary Registration District No. **4021**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Cassville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year 3 mo. 3 da.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Angeline Bradford**

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. **Single**

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

7. Birth date of deceased. **December 15, 1939**
(Month) (Day) (Year)

8. AGE: Years **1** Months **3** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Exeter Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Bradford**

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

14. Maiden name **Ada Wilson**

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

16. (a) Informant **Mrs. Ada Bradford**

(b) Address **Cassville, Missouri**

17. (a) **Burial** (b) Date thereof **Mar. 19, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Exeter.**

18. (a) Signature of funeral director **Horine & Culver**

(b) Address **Cassville, Missouri**

19. (a) **April 3, 1941** (b) **Dr. W. Neumann, M.D.**
(Date received local registrar) (Registrar's signature) (Day) (Month) (Year)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18th.**
year **1941** hour **2:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 16, 41**
19____ to **March 18, 1941**;
that I last saw her alive on **March 18, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Pneumonia
Tobar**

Due to _____

Due to _____

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 _____

(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? _____

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

23. Signature **W.R.M. Clune** (M.D. or other) **Dr.**
Address **Cassville** Date signed **3/20/41**

005

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5

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A. M.

March 16, 41

March 18, 1941

March 18, 1941

1941

Duration

10 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 841-1303

Date Filed AUG 7 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

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.