

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28809

Registration District No. 530

Primary Registration District No. 5707

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town near Elmer Mo
(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 _____ (Specify whether)

In this community 2 yrs 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles south of Elmer
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME STEVEN B. Bradley 54

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

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased Aug 11 1966
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 17 15 hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Beverly Bradley

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

14. Maiden name Suzannah Rattiff

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

16. (a) Informant Forest Cook

(b) Address Elmer Mo

17. (a) Union Chapel (b) Date thereof July 27-28
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Henry C Young

(b) Address Elmer Mo

19. (a) Sept 1 1941 (b) Mrs Lloyd Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 23 1941 to July 26 1941
that I last saw him alive on July 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia 2 day

Due to Senility

Other conditions Arterio Sclerosis
(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? _____

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

23. Signature Harold Dehn (M.D. or other) DD
Address Elmer Mo Date signed July 27

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

MOTHER FATHER

4/1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-41-1716

Date Filed SEP. 18 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.....

Henry C. Gandy

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Henry C. Gandy*

Licensed Embalmer No. 3902

P. O. Address Etter & Co

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.