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

DEPARTMENT OF COMMERCE

SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29594

State File No.

Registration District No. 843

Primary Registration District No. 8-6106

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Galena
(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 about 1 1/2 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ballard Preston Bradley

3. (b) If veteran, name war World War 3. (c) Social Security No. no

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie M. Bradley 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 6 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Effie M. Bradley

(b) Address Galena, Mo

17. (a) Burial (b) Date thereof Aug 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena, Mo

18. (a) Signature of funeral director Elliott J. Cheatham

(b) Address Galena, Mo.

19. (a) Aug 21 (b) Nellie Ironby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Galena
(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. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from at death
19__ to 19__

that I last saw him alive on 19__
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to High blood pressure

Due to 83A

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?

(Specify type of place)

While at work (e) Means of injury

23. Signature Elliott J. Cheatham (M.D. or other) Coroner

Address Galena, Mo Date signed Aug 21 41

765 (Licensed Embalmer's Statement on Reverse Side)

SEP 15 1941

SEP 21 1941

FEB 10 1942

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.....

Everett J. Cheatham

Licensed Embalmer No. *3870*

P. O. Address *Galena, Mo.*

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, fact should be so stated above.