

FILED FEB 11 1947

State File No. _____

Registration District No. ~~1768~~

Primary Registration District No. 5168

Registrar's No. 777-1

1. PLACE OF DEATH:

(a) County Camden - Jasper Twp.
(b) City or town Purvis, Mo.
(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 Not hospitalized
(Specify whether)
In this community Seven years
years, months or days)

3. (a) PRINT FULL NAME

RICHARD BRADLEY

3. (b) If veteran, name war Mo.

3. (c) Social Security No. Mo.

4. Sex Male 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 alive _____ years
7. Birth date of deceased June 10 1891
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Johnson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business as above

12. Name Frank Bradley

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

14. Maiden name unknown

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

16. (a) Informant W. Lee Alley

(b) Address Halden, Mo.

17. (a) Removal (b) Date thereof Jan 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halden, Mo.

18. (a) Signature of funeral director Bartholomew
(b) Address Halden, Mo.

19. (a) Jan 1 1942 (b) L. V. H. Hopkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Purvis, Missouri
(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 first day January
year 1942 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him dead on January 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to 946

Other conditions Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none performed

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? _____

23. Signature W. Lee Alley (If not a physician, state name of place and nature of work)
(M.D. or other) _____

Address Purvis, Mo. Date signed 1-1-42

Maria
Tompkins
Camden, Mo.

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.....

M. J. Quaday

Licensed Embalmer No. *3484*

P. O. Address *Falden, 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.