

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2742

State File No. ....

Registration District No. 307

Primary Registration District No. 4304

Registrar's No. ....

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

1. PLACE OF DEATH

(a) County Linn  
(b) City or town Linneus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Linneus  
(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.

3. (a) PRINT FULL NAME Harold Charles Bradley

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 Divorced

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

7. Birth date of deceased Dec. 8th 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 1 19 hr. min.

9. Birthplace Linneus, Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Garage

12. Name Robert Bradley

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

14. Maiden name Lucinda Baker

15. Birthplace Linn Co., Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Bradley

(b) Address Linneus, Mo.

17. (a) Burial (b) Date thereof Jan. 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOOF, Cem.

18. (a) Signature of funeral director Therms Undertaking Co  
(b) Address Linneus, Mo.

19. (a) Jan 29-42 (b) Maud T. Webb  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27  
year 1942 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec 15, 1941, to Jan 27, 1942;  
that I last saw h alive on Jan 27, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic acidosis (coma)

Due to (Diabetes mellitus)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 61

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 Harry L. Pettiback (M. D. or other) MO

Address Linneus, Missouri Date signed 1/28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*David A. Taylor*

Licensed Embalmer No. 3761.....

P. O. Address Linneus, Missouri

**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.**