

18788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 16 1942

Registration District No. 719

Primary Registration District No. 5950

Registrar's No. 55

1. PLACE OF DEATH:

- (a) County PUTNAM
- (b) City or town RURAL ELM TOWNSHIP
(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 72 years (Specify whether years, months or days)

In this community 72 years

3. (a) PRINT FULL NAME WILLIAM JACKSON BRADSHAW

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased AUGUST 24 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace PUTNAM CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name GEORGE BRADSHAW

13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH COWEN

15. Birthplace 1 Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. W. Carter

(b) Address Unionville Mo.

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

(c) Place: burial or cremation THOMPSON CEMETERY

18. (a) Signature of funeral director Comstock FUNERAL HOME

(b) Address Unionville Mo. 64977 Comstock

19. (a) May 12 42 (b) C. J. Kelly
(Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PUTNAM

(c) City or town RURAL UNIONVILLE ROUTE 6
(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 APRIL day 27
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 27, 1942 to April 27, 1942
that I last saw him alive on April 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Emboli Duration _____

Due to _____

Due to _____

Other conditions 94
(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 P. V. Hart M.D. (M.D. or other)

Address Carrollville Mo. Date signed 4/28

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

Rev. 5-17-39
1 X1981

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 10

District File Number 6-42-1297

Date Filed JUN 15 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

James W. Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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, above space should be left blank.