

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 275

Primary Registration District No. 5944 3053

Registrar's No. 82

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

1. PLACE OF DEATH

(a) County Phelps

(b) City or town Reeola
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

(d) Street No. 1706 Oak
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Malinda Bradley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 11:30 minute 8p M.

21. I hereby certify that I attended the deceased from 6/17 1942 to 6-28 1942
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex D

5. Color or race Wh

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

6. (b) Name of husband or wife Wm Lewis Bradley

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

7. Birth date of deceased Feb 26, 1853
(Month) (Day) (Year)

Immediate cause of death old age

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 89 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Shannon Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Phillip Buffington

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

14. Maiden name Sheda S. King

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

16. (a) Informant Mrs W. W. Bradley

(b) Address 1706 Oak - Reeola Mo

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

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harold Dean

(b) Address Reeola Mo

19. (a) 7-28-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 H. H. Davis M.D. (M. D. or other)

Address Reeola Mo Date signed 6-28-42

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..... *D. L. Murrel*
Licensed Embalmer No..... *3394*
P. O. Address..... *Rolla 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.