

FILED NOV 11 1942
Registration District No. **27**

Primary Registration District No. **3005**

1. PLACE OF DEATH:
(a) County **BATES**
(b) City or town **BUTLER**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BUTLER MEMORIAL HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY** (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **BATES**
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **JAMES LEWIS BRADLEY**
(b) If veteran, name war **X** (c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **31**
year **1942** hour **4** minute **A-M**
21. I hereby certify that I attended the deceased from
Oct 29 19. to **Oct 31** 1942
that I last saw him alive on **Oct 31** 1942
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **infant**
(b) Name of husband or wife _____ (c) Age of husband or wife if
X alive _____ years
7. Birth date of deceased **OCT-29-42**
(Month) (Day) (Year)

Immediate cause of death _____
Premature Birth
Due to _____
Due to **159**

8. AGE: Years Months Days If less than one day
0 0 2 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: **Prematurity**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **BUTLER Mo** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

MOTHER FATHER
11. Industry or business _____
12. Name **Wm R Bradley**
13. Birthplace **Johnson Co Mo** _____
(City, town, or county) (State or foreign country)
14. Maiden name **Rosa S. Leuley**
15. Birthplace **Bates Co Mo** _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm R Bradley**
(b) Address **Foster mo**

17. (a) **Burial** (b) Date thereof **Nov-1-42**
(Burial, cremation, or removal to another city) (Month) (Day) (Year)
(c) Place: burial or cremation **Home Cemetery**

18. (a) Signature of funeral director **Booth**
(b) Address **Butler mo**

19. (a) **Nov 1, 1942** (b) **Mrs Marvin Compton**
(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 _____
(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 **9m 15**
23. Signature **Wm R Bradley** (M. D. or other) _____
Address **Butler mo** Date signed **10/31/42**

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

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1207

Date Filed 11-9-12

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.....

not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

J. J. Underwood

Licensed Embalmer No. 3585

P. O. Address.....

Butler 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33118

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Foster-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. New Foster
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Lewis Bradley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1942 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

4. Sex m 5. Color or race ow
6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased oct 29
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

