

FILED APR 14 1943
Registration District No. 7-7

Primary Registration District No. 3016

Registrar's No. #61

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ophelia Bradford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color 3 Negro 6. (a) Single, widowed, married 1 divorced

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 13 1896
(Month) (Day) (Year)

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

47 1 3 hr. min.

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

10. Usual occupation Housework

11. Industry or business At home

MOTHER FATHER

12. Name Wm. Cluffin

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

14. Maiden name Wm. Cluffin

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

16. (a) Informant Fred Bradford

(b) Address 913-E-Elm

17. (a) Burial (b) Date thereof 3-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loggier

18. (a) Signature of funeral director Anna Levine

(b) Address 700 Jefferson

19. (a) 3-20-43 (b) H. Tharman Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 913-E-Elm
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1943 hour _____ minute _____ M. AM

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw her alive on March 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus with coma
Due to coma Duration 11 hrs 5 days

Other conditions Pneumonia (Include pregnancy within 3 months of death) Duration 4 days

Major findings: Of operations 61 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 H. Tharman Richter (M. D. or other) MD
Address Jefferson City Date signed 3/19/43

MAY 23 1958

1958

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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: *J. H. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address: *zero*.....

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.

APR 21 1943