

S. No. 2
M-542
7-5-17-39
X3227

18190

State File No. _____
Registrar's No. 53

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 71944
Primary Registration District No. 30821

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

1. PLACE OF DEATH
(a) County Johnson
(b) City or town Warrensburg Mo
(c) Name of hospital or institution Clinic Hosp
(d) Length of stay: In hospital or institution 8 hours
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 29th 1943
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Jack C Bradley
13. Birthplace Houston Texas
14. Maiden name Christine Lucille Crew
15. Birthplace Liberty Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Jack C Bradley
(b) Address 262 Clark St Warrensburg MO

17. (a) Burial (b) Date thereof May 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director R F Wilson
(b) Address Warrensburg Mo

19. (a) 5-31-1943 (b) deala M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29 th
year 1943 hour 5 o'clock minute 2 A.M.
21. I hereby certify that I attended the deceased from May - 28 - 43
_____, 19____, to May 29 - 43 19____;
that I last saw h. alive on 5 - 29 - 43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pre maturity M.D.
Due to pre mature labor
Due to _____

Other conditions 159
(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 R F Wilson (M. D. or other) MD
Address Warrensburg Mo Date signed 5-31-43

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-4-43

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.....

No Embalming

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.