

State File No.

ED JUL 19 1943 94

Registration District No.

Primary Registration District No. 5346

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Dadeville (S. Morgan)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North East part of Dadeville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Life time years, months or days

3. (a) PRINT
FULL NAME

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 Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased May 13, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 5 hr. min.

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name John Smith Brackard

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

14. Maiden name Nancy Lewis

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

16. (a) Informant Mrs. George Helcher

17. (a) Address 201 West 5th St. Kansas City, Mo.

17. (a) Burial (b) Date thereof June 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Richard B. Ennis

18. (b) Address Dadeville, Mo.

19. (a) 6-23-43 (b) Thyle Kirby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Dadeville
(If outside city or town limits, write "RURAL")
(d) Street No. North East part of Dadeville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1943 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from
June 1, 1943, to June 18, 1943;
that I last saw him alive on June 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (acute) Duration 4 days

Due to Cystitis 16 days

Due to Septicemia

Other conditions.
(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)
(c) Means of injury _____

23. Signature B B Kirby (M. D. or other) _____

Address Dadeville, Mo. Date signed 4/19/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

1343

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 743-860

Date Filed JUL 16 1943

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.....

Was Not Embalmed....., 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
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 94

Primary Registration District No. 5346

Registrar's No.

1. PLACE OF DEATH:

- (a) County Dade
(b) City or town Rural
(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)

3. (a) PRINT FULL NAME Orvil I Bradford

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

4. Sex M 5. Color or race W 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 May 13 1913 (Month) (Day) (Year)

8. AGE: Years 85 Months Days Less than one day min.

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

10. Usual occupation

11. Industry or business

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

- (d) Signature of funeral director

- (b) Address

- (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1943 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death nephritis (acute) Duration

Due to cystitis

Due to sepsis Had chills

Other conditions Had attack of bladder

(Include pregnancy within 5 months of death)

Major findings: 3 - white - bladder

Of operations: 1 - white - bladder

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

S-24776