

S. No. 2  
FORM-2-43  
5-17-39  
PI X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43289

State File No.

363

Registrar's No.

FILED DEC 17 1943

Registration District No.

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
610 E. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 37 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 610 E. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME ALMEDA HERRICK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES HERRICK 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 2 - 16 - 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name JOHN BRADLEY  
13. Birthplace HOWARD Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name CASSIE BRADLEY  
15. Birthplace ROSELAND Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES HERRICK

(b) Address SEDALIA, Mo.

17. (a) BURIAL (b) Date thereof 12-1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 11/30/43 (b) McCune Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 28<sup>TH</sup>  
year 1943 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1938, 19 11/28, 19 43  
that I last saw live alive on 11/28, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 547

Due to -

Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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 SP Drer (M. D. or other) -  
Address Sedalia Mo Date signed 11/30/43

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

1026

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 12-14-43

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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.....

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.**