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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 42

FILED JAN 25 1944
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001 1000

State File No. 2083

Registrar's No. 18

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days. (Specify whether
In this community 19 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Glade BRADBURY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bulah Bradbury 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 9 (Day) — (Year)

8. AGE: Years 59 Months 7 Days 2 If less than one day ___hr. ___min.

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

10. Usual occupation Barber

11. Industry or business —

FATHER
12. Name Elsbar Bradbury
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary V Harper
15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Bulah Bradbury
(b) Address Clarksdale

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Unity Mo.

18. (a) Signature of funeral director John G Brown
(b) Address Clarksdale mo.

19. (a) 12-15-43 (Date received local registrar) (b) Roe Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Feb 1941 to 12-11 1943
that I last saw him alive on 12-11 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart disease Cerebral hemorrhage Influenza	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) Injuries Gluteus Nerve	

Major findings:
Of operations —
Of autopsy 12 11

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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature R W Earle M.D. (M. D. or other)
Address St Joseph Mo Date signed 12-11-43

1283 (Licensed Embalmer's Statement on Reverse Side)

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address Clarksdale

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.