DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2503

Primary Registration District No. 3012

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day, 5½ Hrs. (Specify whether years, months or days)
In this community: 1 Day, 5½ Hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Webb City 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 812 West 1st 2
(If rural, give location)

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

3. (a) PRINT FULL NAME: Edgar C. Bradford

3. (b) If veteran, name war: World War

3. (c) Social Security No.: Yes, not remembered

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maude Lee

6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: December 27, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	18	hr. min.

9. Birthplace: Kingston, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Cook

11. Industry or business: "

MOTHER FATHER

12. Name: John Bradford

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

14. Maiden name: Myra ?

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

16. (a) Informant: Hospital Records, Veterans

(b) Address: Administration, Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Removed to Webb City, Mo.

18. (a) Signature of funeral director: Herbert Hope
HERBERT HOPE

(b) Address: Excelsior Springs, Mo.

19. (a) 1-15-44 (Date received local registrar) (b) Mrs Sadie Redmond (Registrar's signature)

1166

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 14 year: 1944 hour: 9:05 minute: P. M.

21. I hereby certify that I attended the deceased from January 13, 1944 to January 14, 1944, that I last saw him alive on January 14, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	unknown
Due to: Tuberculosis, Pulmonary, chronic, far advanced	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Emphysema	unknown

Major findings:
Of operations:
Of autopsy: No 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? (Specify type of place): --

While at work? (Means of injury):

23. Signature: FORREST G. BELL, M. D. (M. D. or other)

Address: Veterans Administration Excelsior Springs, Mo. Date signed: 1-15-44

WRITE PLAINLY—USE INTAGLIO BLACK INK

RECEIVED
Health Officer No.
Service File Number
Date Filed 2-3-44

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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