

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

7082

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. none (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Kennett, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 300 Frisco Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Berty Bradley

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife Claude Bradley 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 26, 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business Home

12. Name John Trusty

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

14. Maiden name Sally Harris

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

16. (a) Informant Claude Bradley

(b) Address 300 Frisco - Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Lak Ridge Cemetery

18. (a) Signature of funeral director Paul Johnson

(b) Address Kennett, Mo.

19. (a) 2-2-44 (Date received local registrar) (b) Julius Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1944 hour 11:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from 7-19, 1943 to 1-29, 1944 that I last saw h. alive on 1-29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senescent Cancer Duration 2 yrs.

Due to Stomach Cancer

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 f

Major findings: Of operations _____

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 2

23. Signature D. R. Kohler (M.D. or other) DO
Address Kennett, Mo. Date signed 2-1-44

901

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

35
2
2

RECEIVED

District Health Office No 2,

District File Number 344-392

Date Filed 3-3-44

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.....

J. Palmer

Licensed Embalmer No. 2556

P. O. Address. Kennett, Mo-

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.