

FILED MAR 7, 1944
Registration District No. **144**

Primary Registration District No. **3075**

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Missouri
(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 74 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains, Missouri
(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 _____

3. (a) PRINT FULL NAME William M. Bradford

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Elizabeth Bradford 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1st, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jno. Bradford
13. Birthplace unk 9
(City, town, or county) (State or foreign country)
14. Maiden name Jane unk.
15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Lester Bradford

(b) Address West Plains, Missouri

17. (a) B (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Missouri

19. (a) 2-15-44 (b) Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 3/29 1943 to 1/2 1944
that I last saw him alive on 1/2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia Pectoris
Paralysis Aqueous

Other conditions: 94 P
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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) X
(b) Date of occurrence 3
(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? X (Specify type of place) (e) Means of injury 0

23. Signature Wm. Thompson (M. D. or other) MD
Address West Plains, Missouri Date signed 3/11/44

RECEIVED

District Health Officer No. 5,

District File Number

344177

Date Filed

3-6-44

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

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.