

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 117

FILED MAY 5 1944

Registration District No. 72

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hrs.  
In this community 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Barney Samuel Bradshaw

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-09-7783

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 3 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 10 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Sawyer

11. Industry or business The Company

MOTHER FATHER { 12. Name George W. Bradshaw

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

14. Maiden name Lucy Ansel

15. Birthplace Howell County Missouri O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Bradshaw

(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-44  
(Month) (Day) (Year)

18. (a) Signature of funeral director Greer Crox

(b) Address Poplar Bluff, Mo.

19. (a) 4-11-44 (Date received local certificates) (b) Belle Turner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL")

(d) Street No. South Eleventh Street 3  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1944 hour 8.10 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion-Basal And Frontal Skull Fracture, Shock, Internal Hemorrhage, Compound Fracture Of The Right Leg Duration 6 hrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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) Accident 194

(b) Date of occurrence April 8, 1944

(c) Where did injury occur? Poplar Bluff, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway- No. 60

While at work? No (Specify type of place) (e) Means of injury: Struck by car

Signature Alfred W. Greer Coroner (M. D. or other)  
Address Poplar Bluff, Mo. 2 Date signed 4-8-44

RECEIVED

District Health Office No. 2,

District File Number 444-658

Date Filed 4-25-44

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *W. B. Gray* .....

Licensed Embalmer No. 3474 .....

P. O. Address Poplar Bluff, Missouri .....

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.