

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15538

State File No. ....

Registration District No. ....

Primary Registration District No. 5984

Registrar's No. 33

1. PLACE OF DEATH:  
(a) County Pulaski  
(b) City or town Richland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Pulaski  
(c) City or town Richland  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME James Franklin Bradford  
3. (b) If veteran, name war no  
3. (c) Social Security No. 700

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month March day 17th  
year 1944 hour 4 minute 45p.  
21. I hereby certify that I attended the deceased from March 11, 1944, to March 17, 1944; that I last saw him alive on March 17, 1944; and that death occurred on the date and hour stated above.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Ada Bradford  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased May 24 1876  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Duration 6 days

8. AGE: Years 67 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business  
12. Name William Bradford  
13. Birthplace unknown  
14. Maiden name Mary unknown  
15. Birthplace unknown

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death) Ba!  
Major findings: Of operations...  
Of autopsy...  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ada Bradford  
(b) Address Richland  
17. (a) Burial, cremation, or removal Rural  
(b) Date thereof 3/20-44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Lawn Cemetery  
18. (a) Signature of funeral director R. J. Seeger  
(b) Address Richland MO  
19. (a) 3-29-1944 (b) Charles M. O'Dell  
(Date received local registrar) (Registrar's signature)

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  
23. Signature John A. Michael D.O.  
Address Crocker's Store Date signed 3-22-44

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

**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.....

*R. B. Zeeper*

Licensed Embalmer No.....

*3198*

P. O. Address.....

*Richland 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.**