

FILED JUN 19 1944

Primary Registration District No. 6179

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Pollock Rural  
(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 65 years  
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) County Sullivan  
(b) City or town Pollock Rural  
(c) Street No. Jackson Twp.  
(d) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Henry L. Bradshaw

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

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1944 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1944 to May 1944  
that I last saw him alive on May 29 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage 15 minutes

Due to: Arteriosclerosis and high blood pressure 10 years

Due to: Chronic glomerular nephritis 15 years

Other conditions: \_\_\_\_\_

Major findings: Of operations: 1318  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(a) Where did injury occur? \_\_\_\_\_  
(b) Where did injury occur in or about home, on farm, in industrial place, in public place?

(a) Signature of funeral director: Schoore Funeral Home  
(b) Address: Milan, Mo.

23. Signature: Mrs. D. D. Green (M. D. or other) \_\_\_\_\_  
Address: Pollock, Mo. Date signed: May 30

8. AGE:	Years	Months	Days	If less than one day
	76	3	17	hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: General Farming

12. Name: Louis Bradshaw

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

14. Maiden name: Mary Childers

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

16. (a) Informant: Mrs. D. D. Bradshaw

(b) Address: Pollock, Mo.

17. (a) Burial: \_\_\_\_\_ (b) Date thereof: June 1, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Pollock, Mo.

18. (a) Signature of funeral director: \_\_\_\_\_ (b) Address: \_\_\_\_\_

19. (a) Date received local registrar: June 5, 1944 (b) Registrar's signature: Mrs. D. D. Green

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

105

RECEIVED

District Health Officer No. 10

District File Number 6-44-1124

Date Filed JUN 16 1944

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 Frank Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, 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.