

E. No. 2
M-543
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25305

State File No. _____

FILED JUL 26 1944

Registration District No. 43 Primary Registration District No. 4364

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether
years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

(c) City or town Epeter
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME RICHARD BRADLEY

3. (b) If veteran, name war X

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 7:30 minute _____ P.M.

4. Sex M. Color or race W.

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

6. (b) Name of husband or wife Fannie L. Bradley.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 4, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Aug. 6, 1937 to May 4, 1944
that I last saw him alive on May 4, 1944
and that death occurred on the date and hour stated above.

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

73. 3 2 hr. _____ min.

Immediate cause of death _____

Due to Uremia 1 week

Due to Prostatic Hypertrophy 3 years

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace White County Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations: _____

Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

137a

MOTHER FATHER

11. Industry or business Farmer

12. Name Richard Bradley

13. Birthplace Rutherford Co. N. C. 1
(City, town, or county) (State or foreign country)

14. Maiden name Willa James Lee

15. Birthplace S. C. 1
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Nurse Stella Hospital

(b) Address Stella

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem.

18. (a) Signature of funeral director W. D. Koon

(b) Address Cassville, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Ed McFueled (M. D. or other)
Address Cassville, Mo. Date signed 5/11/44

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1317

(Licensed Embalmer's Statement on Reverse Side)

STATE

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

W. C. Koon

Licensed Embalmer No. *4359*

P. O. Address *Cassville, 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.

Registration District No. 243 Primary Registration District No. 4364

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stella Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Bany
(c) City or town Wester
(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 Richard Bradley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

8. AGE: Years 72 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation Same

11. Industry or business _____

12. Name Richard Bradley

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

14. Maiden name Wick R. Hill

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

16. (a) Informant Mrs Stella Hays

(b) Address Stella, MO

17. (a) _____ (b) Date thereof 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pious Cem

18. (a) Signature of funeral director W.D. Koon

(b) Address Cassville, Mo.

19. (a) 8-7-1944 (b) Albert Hale Dyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 Uremia
Duration 1 wk.

Due to prostate hypertrophy

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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 _____

23. Signature E.C. McDaniel (M.D. or other) MD

Address Cassville Date signed 5-8-44

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

SUPPLEMENTARY

25305