

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 14 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28077

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

Registration District No. 15-9

Primary Registration District No. 5591

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Hillsboro  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson  
(c) City or town Hillsboro, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hillsboro, Missouri  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Bradley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 24  
year 1944 hour 2:30 minute P M.  
21. I hereby certify that I attended the deceased from 7:00 to 8:27 1944  
that I last saw her alive on 8/23 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Arthur Bradley 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased May 22 1880  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of breast Duration 17

8. AGE: Years Months Days If less than one day  
64 3 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Old Ripley Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Major findings: 50  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name John W. Davis  
13. Birthplace Old Ripley, Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna C. Davis  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Bradley  
(b) Address Hillsboro, Missouri

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? \_\_\_\_\_

17. (a) Removal (b) Date thereof Aug. 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pocahontas, Ill.

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.  
(b) Address 1905 S. Grand Blvd.

23. Signature Chas. E. Gallit (M. D. or other) \_\_\_\_\_  
Address De Soto Mo Date signed 8/24/44

19. (a) Aug 24 44 (b) Wm Evans  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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.....

*Howard F. Lawler*

Licensed Embalmer No.....

*3114*

P. O. Address.....

*St. Louis 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.**