

STANDARD CERTIFICATE OF DEATH

State File No. 35461A

FILED MAR 12 1946

Registration District No. 238

Primary Registration District No. 6121

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whetherIn this community 39 years.
years, months or days)3. (a) PRINT
FULL NAME

3. (b) If veteran, No. name war
3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive No. years

7. Birth date of deceased March 23, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 6 5 hr. min.

9. Birthplace Shannon Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

12. Name William C Bradley
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha E. Hebbert
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Bradley
(b) Address Birch Tree Mo.
17. (a) Burial (b) Date thereof 9/11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cem18. (a) Signature of funeral director John F. Amman(b) Address Missouri

19. (a) 3-1-46 (b) Mabel R. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
(c) City or town Birch Tree Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 1944 hour 3 minutes a.m.

21. I hereby certify that I attended the deceased from Sept 27
1944, to Sept 29 1944
that I last saw him alive on Sept 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococci
Infection

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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
(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)
(c) Means of injury

23. Signature R. J. Davis (M. D. or other)
Address Birch Tree Mo. Date signed 2/18-46

35A101

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.