

FILED DEC 28 1944

Registration District No. 2

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 Halleck St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 401 Halleck St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Mae Bradley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Granville Bradley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 27th 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 2 3 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Clarence Hamilton

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

14. Maiden name Nora Belle Harris

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

16. (a) Informant Granville Bradley

(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2nd 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 12-2-44 (Date received local registrar) (b) Anna Kave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 44 to Nov 30 1944
that I last saw her alive on Nov 30, 44 and that death occurred on the date and hour stated above.

Immediate cause of death General Tubercular
Duration _____

Due to _____

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 L. T. Ticker (M. D. or other) _____
Address Moberly, Mo Date signed Nov 30, 44

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

1268

1036

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1944

JAN 6 1945

RECEIVED
District Health Officer No. 10
District File Number 13-44-2085
Date Filed DEC 26 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 B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.