

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945
294

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41960
Registrar's No. 262

Registration District No. 294

Primary Registration District No. 3056

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

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: McCormick Hospital
(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

3. (a) PRINT FULL NAME William L Bradsher

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-07-1536

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 13th 1879
(Month) (Day) (Year)

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

65 - 16 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business F.M Stamper Co

12. Name Bluford Bradsher

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

14. Maiden name Ida Dameron

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

16. (a) Informant James Bradsher

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Dec 31st 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron, No Clifton Hill, Mo

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

(b) Address Moberly, Mo

19. (a) 12-31-44 (b) Irma Havel
(Date received local registrar) (Registrar's signature)

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. 211 Farrar St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 31 1944 to Dec 29 1944
that I last saw him alive on Dec 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage in to brain 21 ds.

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)

(e) Means of injury _____

23. Signature J. L. McCormick (M. D. or other) M.D.

Address Moberly, Mo Date signed 12.29.44

1036

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-45-132
Date Filed JAN 12 1945

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 W. DeWitt
Licensed Embalmer No. 3021
P. O. Address Proberly, 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.