

FILED JAN 15 1945

Registration District No. 226

Primary Registration District No. 6105

1. PLACE OF DEATH:

(a) County Scottland
(b) City or town Greensburg Rural
(c) Name of hospital or institution: Mr. P. D. ...
(d) Length of stay: In hospital or institution 1
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scottland
(c) City or town Greensburg
(d) Street No.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Howard Bradley
(b) If veteran, name war ✓
(c) Social Security No. ✓

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

21. I hereby certify that I attended the deceased from Dec 7 1944 to Dec 7 1944
that I last saw him alive on Dec 7 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearle Bradley 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan 9 1885

Immediate cause of death Heart Attack

8. AGE: Years 59 Months 10 Days 28 hr. min.

Physician Thomas

9. Birthplace Scottland Co. MO

Due to

10. Usual occupation Farming

Due to

11. Industry or business

Other conditions 95a
(Include pregnancy within 3 months of death)

12. Name Tom Bradley

Major findings:
Of operations

13. Birthplace MO

Of autopsy

14. Maiden name Kath Duvoll

PHYSICIAN

15. Birthplace MO

Underline the cause to which death should be charged statistically.

16. (a) Informant Pearle Bradley

22. If death was due to external causes, fill in the following:

(b) Address 1218-44

(a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof Dec 10-44

(b) Date of occurrence

(c) Place: burial or cremation Burial

Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?

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

1900

1095

RECEIVED

District Health Officer No. 10

District File Number 1-45-152

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 *Fred G. Smith*.....

Licensed Embalmer No. 4256

P. O. Address *Memphis TN*.....

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.