

**FILED FEB 9 1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4216023**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clyde Bradley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M W

6. (b) Name of husband or wife Lula DeLozier

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 17, 1887  
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 9  
If less than one day hr. min.

9. Birthplace Henry County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Ruben Bradley

13. Birthplace Henry County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Freta Knorpe

15. Birthplace Henry County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clyde Bradley

(b) Address Calhoun, Missouri

17. (a) burial (b) Date thereof 12-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston Turner

(b) Address \_\_\_\_\_

19. (a) January 22, 1945 Windell M. G. Ratchford  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry **42**

(c) City or town Calhoun  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th  
year 1944 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 7-11  
1944, to 12-25 1944  
that I last saw him alive on 12-25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation ?

Due to Hypertensive cardiac vascular disease ?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 12/2

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (2) Means of injury

23. Signature Ray B Jordan (M. D. or dentist) \_\_\_\_\_  
Address Windsor Mo. Date signed 12-28-44

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

1-45-68  
2-8-45

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**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 *Edith M. Sutton*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**