S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 5545

Registrar's No. 8

10
2
4

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
207 South Ninth Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Was there 3 weeks prior to passing at her home. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 207 S. 9th St.
(If rural, give location) 4

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

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth C. Bradford.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George A. Bradford.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August 20th. (Month) (Day) (Year)

8. AGE: Years Unknown | Months | Days | If less than one day hr. min.

9. Birthplace Kentucky. (City, town, or county) State (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business Same

FATHER
12. Name Warren O. Parker. 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca McConnell 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Dr. G.A. Bradford
(b) Address 207 S. 9th St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Burial Service
(b) Address Columbia Mo.

19. (a) 1-13-45 (Date received local registrar) (b) Edna H Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 12 day 12th year 1945 hour 1:10 minute P M.

21. I hereby certify that I attended the deceased from Nov 10, 1944 to June 12, 1945; that I last saw her alive on Jan 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acid Myocarditis Pneumonia

Due to Influenza

Due to Gen Arterio-Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 33

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Stephen D Smith (M. D. or other)

Address Columbia Date signed 1-12-45

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number.....

Date Filed 3-2-45

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 W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.