

FILED MAR 7 1945
47

State File No.

Registration District No.

Primary Registration District No. 3008

Registrar's No. 0

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hosp # 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days
Specify whether

In this community 11 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Deming

(c) City or town Steeds 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula Bradford

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK.

20. DATE OF DEATH: Month Jan day 5
year 1945 hour 8 minute 30 a.m.

4. Sex male

5. Color or race Caucasian

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

6. (b) Name of husband or wife allve years

6. (c) Age of husband or wife if 65 years

7. Birth date of deceased July 22 - 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-8-1944 to 1-5-1945
that I last saw him alive on 1-4-1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>4</u>	<u>13</u>	<u>hr. min.</u>

Immediate cause of death chronic myocardial infarction
arterio-sclerosis
syphilis

Due to syphilis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation WFL

11. Industry or business

MOTHER FATHER { 12. Name Lula Bradford

{ 13. Birthplace MO 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lula Bradford

{ 15. Birthplace MO 0
(City, town, or county) (State or foreign country)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 309

Of autopsy

16. (a) Informant Removal

(b) Address

17. (a) Removal (b) Date thereof 1 8 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia MO

18. (a) Signature of funeral director C.O. Roberts

(b) Address Columbia MO

19. (a) 1-8-1945 (b) James Morsuehoff
(Date received local registrar) (Registrar's signature)

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? at home
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury 0

23. Signature T.E. Stumm (M. D. or other)
Address Fulton MO Date signed 1/5/45

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

4
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-6-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.