

FILED FEB 24 1945

Registration District No. **238**

Primary Registration District No. **4355**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **New Madrid**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **No.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No.** (Specify whether  
In this community **all of life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **New Madrid** 72  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME

**CEEN BRADSHAW**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **M** 5. Color or race **BLACK** 6. (a) Single, widowed, married, divorced **(1)**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **Dec - 10 - 1858**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **2** Days **2** If less than one day hr. min.

9. Birthplace **New Madrid Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm work**

11. Industry or business

12. Name **Jardin Bradshaw**

13. Birthplace **unk.** **unk.**  
(City, town, or county) (State or foreign country)

14. Maiden name **unk.**

15. Birthplace **unk.** **unk.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Will Bradshaw**

(b) Address **Ridgely Tenn.**

17. (a) **Burial** (b) Date thereof **12-16-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sanhill.**

18. (c) Signature of funeral director **Richards and Co**

(b) Address **New Madrid, Mo.**

19. (a) **1-20-45** (b) **Nelson Ford Jones**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12**  
year **1944** hour **3:30** minute. M.

21. I hereby certify that I attended the deceased from **Dec 2nd** 19**44** to **Dec 2nd** 19**44**  
that I last saw him alive on **Dec 2nd** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis - Hypertension**  
**Valvular Heart Disease**  
Due to **Cardiovascular Disease**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **13/10**

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?

(Specify type of place)

While at work? (e) Means of injury

13. Signature **O B Chandler** (M. D. or other)

Address **new Madrid Mo** Date signed **12/26/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

72  
4  
0

1364

RECEIVED

District Health Office No. 2,

District File Number 245-204

Date Filed 2-15-45

**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.....

*Leo Hidygoth*

Licensed Embalmer No.....

*3803*

P. O. Address.....

*New Madison Pa*

**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.**