S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 32-1

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10729

Primary Registration District No. 4478

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Arrow Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Arrow Rock
(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

3. (a) PRINT FULL NAME Elizabeth Virginia Bradshaw
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. B. C. Bradshaw
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased February (Month) 6th (Day) 1870 (Year)

8. AGE: Years 75 | Months 1 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Arrow Rock, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

MOTHER FATHER
12. Name Sanders Townsend
13. Birthplace Cooper County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Lucy Hail
15. Birthplace Miami (City, town, or county) Missouri (State or foreign country)

16. (a) Informant B. C. Bradshaw
(b) Address Arrow Rock, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Arrow Rock, Mo.
18. (a) Signature of funeral director Campbell-Lemmon
(b) Address Marshall, Mo.
19. (a) Mar. 14, 1945 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

1255

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1945 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1st, 1945 to March 11, 1945 that I last saw her alive on March 11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion of the heart.	
Due to: Regurgitation of	
Due to: Calcified Valves	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 C. L. Lawless M. D. (M. D. or other)
Address Marshall Mo. Date signed 3-14-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4/6/44

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 Jas. N. Lewis

Licensed Embalmer No. 1121

P. O. Address Marshall 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.