V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23935

State File No.

FILED JUL 31 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 558

39
2
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1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5½ hours (Specify whether years, months or days)

In this community: 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: SPFD - Rural - S. Campbell Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 7 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: BENJAMIN FRANKLIN BRADSHAW

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

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Elizabeth Minihan Bradshaw

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: March (Month) 3 (Day) 1879 (Year)

8. AGE: Years 66 Months 4 Days 12 If less than one day hr. min.

9. Birthplace: Wright County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER
12. Name: William Harrison Bradshaw
13. Birthplace: Wright County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Cenith Bruton
15. Birthplace: Webster County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Ada Scott Sister

(b) Address: 504 East Grand, Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Norwood - Mo.

18. (a) Signature of funeral director: Fred C. Thieme

(b) Address: 1100 Boonville, St. Spfd, Mo.

19. (a) 7-16-45 (Date received local registrar) (b) DV W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 16 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 15, 1945, to July 15, 1945; that I last saw him alive on July 15, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	11 hours
Due to: Generalized Arteriosclerosis	10 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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: Thomas S. Harris M. D. (Coroner)

Address: Medical City Building Date signed 7/15/45

Spfd., Mo.

984

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1945

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.