

S. No. 2  
M-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37754  
Registrar's No. 5655

**FILED** NOV 28 1945  
Registration District No. 583

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon

(c) Name of hospital or institution:  
Missouri State Sanatorium

(d) Length of stay: In hospital or institution 70 days

In this community 70 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City

(d) Street No. 809 Washington

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pauline E. Bradley

(b) If veteran, name war no

(c) Social Security No. 490-09-9989

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Joseph C. Bradley

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Nov. 12th 1919

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>11</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Guthrie Missouri

10. Usual occupation Clerical

11. Industry or business War Dept.

MOTHER FATHER

12. Name Carl Emmons

13. Birthplace Unknown Unknown

14. Maiden name Beulah Nichols

15. Birthplace Boone County Missouri

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium, Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Nov. 1, 1945

(c) Place: burial or cremation Jefferson City, Mo

18. (a) Signature of funeral director J. D. Fossett

(b) Address Mt. Vernon, Mo

19. (a) 1/7/31/45 (b) CR McMichael

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st year 1945 hour 6:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug. 23, 1945, to Oct. 31, 1945; that I last saw her alive on Oct. 31, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 16 months.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Charles A. Brashear  
Address Mt. Vernon, Mo Date signed 10-31-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1464

MAR 9 1944

RECEIVED  
District Health Officer No. 6,  
District File Number 1145-1120  
Date Filed NOV 17 1945

SEP 6 1946

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 Max L. Jossell

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon,

**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.**