

FILED MAR 9 1946

State File No. _____

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
309 Madison
(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 26 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
 (c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
 (d) Street No. 209 Madison
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lucile Mildred Bradshaw

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert Bradshaw 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased April 6 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 9 28 hr. _____ min.

9. Birthplace Warrensburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Jackson
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Meadie Holt
 15. Birthplace Chilhowee Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Bradshaw
 (b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof 2-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Feb. 6, 1946 (b) Saravande Outech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
 year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Jan. 25, 1946, to Feb 4, 1946
 that I last saw her alive on Feb. 4, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Palsy Duration 2 yrs

Due to _____

Due to _____

Other conditions 480
(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? _____

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

23. Signature Chapman (M. D. or other) _____

Address Warrensburg Mo Date signed Feb 6 1946

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

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..... *J. Earl Priest*

Licensed Embalmer No..... **3878**

P. O. Address..... **Warrensburg Mo.** ¹

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.