

No. 2
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-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13817**

FILED MAY 19 1946
Registration District No. **192**

Primary Registration District No. **4306**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **MCDona'd**

(b) City or town **Goodman MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **MCDona'd**

(c) City or town **Goodman**
(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 **Marshall Bradford**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jessie Bradfie'd** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Oct. 17th, 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **1** If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired, Barber.**

11. Industry or business _____

12. Name **William Bradfie'd**

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

14. Maiden name **Unknown**

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

16. (a) Informant **MRS. Jessie Bradfie'd** (b) Address **Goodman MO.**

17. (a) **Burial** (b) Date thereof **8-20-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's**

18. (a) Signature of funeral director **Chas. W. Williams** (b) Address **Goodman MO.**

19. (a) **3/28/46** (b) **Wm. Fred. W. Smith**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **18th**, year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **March 1st, 1946**, 19 _____, to **March 18th, 1946** and that death occurred on the date and hour stated above.

that I last saw him alive on **March 18th, 1946**, 19 _____

Immediate cause of death _____

Due to **acitosa**

Due to **chronic nephritis.**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **W**

Of autopsy _____

Duration _____

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 **Wm. Fred. W. Smith** (M. D. or other) _____
Address **Goodman MO** Date signed **3/22-46**

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

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(Licensed Embalmer's Statement on Reverse Side)

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 *Marjelle Williams Prickett*

Licensed Embalmer No. *4166*

P. O. Address *Goodman, 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.