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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14070
State File No.

FILED MAY 13 1946

Registration District No. 273 Primary Registration District No. 3053 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cook 994
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 W Warren Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pleasant M Bradley
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 15 (Day) 1862 (Year)

8. AGE: Years 83 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Bloomfield (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Home keeper
11. Industry or business
FATHER 12. Name Richard Beavers
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Ellen Pitchard
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Daughter
(b) Address Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Frankford Mo.
18. (a) Signature of funeral director Fields & Son
(b) Address Frankford, Mo.
19. (a) April 9, 1946 (Date received local registrar) (b) Mrs Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 th. year 1946 hour 9:55 am minute a M.
21. I hereby certify that I attended the deceased from 1942, 19..., to April 8, 1946, that I last saw her alive on April 8 9 am, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: as above	
Due to Myo Cardialitis	
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations O/3	
Of autopsy none	

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 Harry H Clark M.D. (M. D. or other)
Address Rolla Mo Date signed 4/8/46

252 (Licensed Embalmer's Statement on Reverse Side)

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 Joe Fields Mequin

Licensed Embalmer No. 4093

P. O. Address Frankford 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.