

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

**FILED JUN 10 1946**

Registration District No. 42

Primary Registration District No. 5124

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Bloomington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 1/2 Mi S.W. DeKalb, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Delia Bell Pitts

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas Bradley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 29 1871 1946  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Buchanan County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Wm. C. Garton

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

14. Maiden name Evvina Bragg

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

16. (a) Informant Everett Pitts

(b) Address DeKalb, Mo.

17. (a) burial (b) Date thereof May 24 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem.

18. (a) Signature of funeral director Walter Beble & Bowman  
(b) Address St. Joseph, Mo.

19. (a) May 27, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural Bloomington Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 Mi S.W. DeKalb, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
year 1946 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Apr 5, 1946, to May 21, 1946  
that I last saw her alive on May 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death tabular heart disease Duration 1 yr

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

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

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

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

Of autopsy none [Signature]

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 0

23. Signature E. B. McAdow (M. D. or other)

Address De Kalb Mo Date signed May 23 1946

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**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.....

*Raymond W. Mrebean*

Licensed Embalmer No. *44103*

P. O. Address. *319 So 10th St Joseph*

**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.**