V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1946

State File No. 20790

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 213 W. Austin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 213 W. Austin 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mattie Leone Bradfield

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Hugh M. Bradfield

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

7. Birth date of deceased December (Month) 2 (Day) 1862 (Year)

8. AGE: Years 83 1/3 Months 6 Days 12 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Conn 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business — — —

FATHER
12. Name Wm. McCumber
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Cora E. Taylor
(b) Address 213 W Austin - Webb City Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 14 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo

19. (a) JUNE 12-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1946 hour 1:05 minute P M.

21. I hereby certify that I attended the deceased from June 2, 1946 to June 12, 1946;
that I last saw her alive on June 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia

Due to Arterio sclerosis — infirmities of advanced age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature P. M. Stormont (M. D. ~~or other~~)
Address Webb City Mo Date signed 6/12/46

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(Licensed Embalmer's Statement on Reverse Side)

46-6-513

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 Emm L Stuell

Licensed Embalmer No. 391

P. O. Address Carthage

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.