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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23203

Registration District No. FILED JUL 18 1946 Primary Registration District No. 5-F-6-4174 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -0- (Specify whether In this community 61 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 35

(a) State Missouri (b) County Dunklin 0

(c) City or town Cardwell 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANDREW JACKSON BRADLEY

3. (b) If veteran, name war -0-

3. (c) Social Security No. -0-

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Lennie Jarrett

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

7. Birth date of deceased September (Month) 18 (Day) 1884 (Year)

8. AGE: Years 61 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Dunklin Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Washington Bradley
13. Birthplace (City, town, or county) Alabama 1 (State or foreign country)

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

16. (a) Informant Mable Bradley
(b) Address Cardwell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation Cardwell

18. (a) Signature of funeral director Randal L. Mitchell
(b) Address Paragould, Ark.

19. (a) 6-24-46 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16th year 1946 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 15th 1946 to June 16th 1946 that I last saw him alive on May 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach (cancer) ~~[illegible]~~

Due to don't know

Due to

Other conditions no (Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy none 46b

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

23. Signature W E Ellington M.D.O. (M. D. or other)

Address Paragould Ark. Date signed 6-17-46

80

(Licensed Embalmer's Statement on Reverse Side)

Harrison

RECEIVED

District Health Office No.

District File Number 746-938

Date Filed 7-15-46

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 Randel L. Mitchell

Licensed Embalmer No. 373

P. O. Address Paragould Ark

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.