DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24258

State File No.

FILED AUG 9 1946

Registration District No. 19 8

Primary Registration District No. 5714

Registrar's No. 19

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Pineville
(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 None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County McDonald Co.
(c) City or town Pineville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Thomas Ernest Bradley
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Minnie Lee Bradley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 25 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Pineville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Saw Mill operator
11. Industry or business Saw Milling
MOTHER FATHER
12. Name Charles Bradley
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant B. E. Bradley
(b) Address Pineville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pineville Mo.
18. (a) Signature of funeral director D. M. Humphrey
(b) Address Pineville, Mo.
19. (a) 8-6-46 (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1946 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 1, 1946 to July 19, 1946 that I last saw him alive on July 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Immediate Inanition	6 mo
Due to Cancer liver	7
Due to Pulmonary tuberculosis	7
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Geo Bussel D.O. (M. D. or other)
Address Pineville Mo Date signed 8/5/46

179 (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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 19

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Pineville (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 McDonald

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Thomas E. Bradley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 25 (Day) 1887 (Year)

8. AGE: Years 69 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July Day 69 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING [illegible]—MAKE A PERMANENT [illegible]

24258