

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED**  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26478

State File No.

Registrar's No. 39

Registration District No. 50

Primary Registration District No. 5178

1. PLACE OF DEATH:

(a) County Camden  
(b) City or town Versailles Star Route  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bradleys Camp 3 on Lake of the Ozarks  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 17 years  
years, months or days

3. (a) PRINT FULL NAME

William Edward Bradley

3. (b) If veteran,

name war World war 1

3. (c) Social Security

No. \_\_\_\_\_

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora

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

7. Birth date of deceased July (Month)

4 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace New York City - New York  
(City, town, or county) (State or foreign country)

10. Usual occupation

Fire department

11. Industry or business

Fire department

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant War I and Maucie Reed

(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug 21-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director Edgerson Woolery

(b) Address Camden, Mo

19. (a) Aug 22 1946 (Date received local registrar)

(b) Zilpha L. Deau (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Versailles Star Route  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 18, 1946 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to drowning

Due to accidental

Due to High water - wind + Rain

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

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

Of autopsy no

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) accident

(b) Date of occurrence Aug 14 to Aug 15 - 1946

(c) Where did injury occur? Bradley's Camp - Camden Co Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Arm of the Lake of the Ozarks  
(Specify type of place)

While at work? no (e) Means of injury drowning

23. Signature Edgerson Woolery (Signature of physician)

Address Camden, Mo Date signed 8/20/46

MAR 24 1947

RECEIVED

Dis. Health Officer No. 7

District Number 8-46-902

Date Filed 8-4-46

### 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.....

Licensed Embalmer No. 2488

P. O. Address Camden, 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.