

No. 2
M-5-43
7-5-17-39
I X36871

State File No. 37398
Registrar's No. _____

FILED DEC 10 1946
156
Registration District No. _____

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3009 Joplin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 3009 Joplin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ward E. Bradford
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 2
year 1946 hour 8:15 minute A M.
21. I hereby certify that I attended the deceased from
10-29, 1946 to 11-2, 1946
that I last saw him alive on 11-2, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24, 1877
(Month) (Day) (Year)

Immediate cause of death Angina pectoris Duration 45 min
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Silvis Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Railway Conductor

Major findings: 94B
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Manes Bradford
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Calendia March
15. Birthplace _____ (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Margaret Bradford
(b) Address 3009 Joplin, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-46
(Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial, Joplin

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. Howard (M. D. or other) _____
Address Joplin Mo Date signed 11/4/46

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 11-3-46 (b) _____ (Date received local registrar) (Registrar's signature)

46-11-974

MAR 3 1947

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 F. M. Jones

Licensed Embalmer No. 3319

P. O. Address Joplin 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.