

FILED NOV 26 1946
Registration District No. 286

Primary Registration District No. 5-9-7-84424

Registrar's No.

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Humansville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 mo.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Polk 84
 (c) City or town Humansville J
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. (If rural, give location) J
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Isaac William Bradshaw
 3. (b) If veteran, name war: ---
 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 12
 year 1946 hour 10 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Nov 11
 1946, to Nov 12 1946
 that I last saw him alive on Nov 12 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 Mary A. Bradshaw
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased July 11 1860
 (Month) (Day) (Year)

Immediate cause of death apoplexy
 Due to Hypertension
 Due to ✓

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>1</u>	hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations ✓
 Of autopsy ✓

9. Birthplace Sherman Texas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Lumber bleaker
 11. Industry or business Lumber yard
 12. Name Aaron Biddshaw
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mary A. Bradshaw
 (b) Address Humansville, Mo.
 17. (a) Burial (b) Date thereof Nov. 12-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Humansville Cem.
 18. (a) Signature of funeral director E. H. Brown
 (b) Address Humansville, Mo.
 19. (a) Nov. 19, 1946 (b) Lucille Kirkpatrick
 (Date received local registrar) (Registrar's signature)

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? () Means of injury

23. Signature Raymond O'Connell (M.D. or other)

Address Humansville, Mo. Date signed Nov 19, 1946

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

RECEIVED
DISTRICT CLERK OFFICE NO. 7
DISTRICT FILE NO. 10-46-2095
Date Filed 1/17-20-95

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed E. H. Pimm

Licensed Embalmer No. 4282

P. O. Address. Humansville, Ga.

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.