

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Elsberry Mo
(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 _____
In this community In This Community (Specify whether years, months or days) 72

3. (a) PRINT FULL NAME WOOLSEY DUTON BRADLEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MD

5. Color or race W

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

6. (b) Name of husband or wife Nellie Bradley

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 16 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business

MOTHER FATHER { 12. Name Henry S. Bradley

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

14. Maiden name Sarah Limer

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

16. (a) Informant's own signature Nellie Bradley

(b) Address Elsberry Missouri

17. (a) Burial (b) Date thereof Mar 7 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Cemetery

18. (a) Signature of funeral director Wayne M. Day

(b) Address Irving Missouri

19. (a) 3-12-47 (b) Emma R. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

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

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from FEB 13,
1946, to MARCH 5, 1947;
that I last saw him alive on MARCH 4, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMATOSIS, GENERAL

Duration years

Due to CARCINOMA, PROSTATE 3-4 years

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations 51B

Of autopsy _____

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 0

23. Signature E. Colman (M. D. or other) MD

Address ELSBERRY, MO Date signed 3/7/47

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
Director Health Officer No. 3,
Date Filed 3-19-47
Date File Number

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

Signed J. B. Sterne
Licensed Embalmer No. 40 39
P. O. Address Louisiana, 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, above space should be left blank.