

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Week
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 405 North B St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

12
7
3
0

3. (a) PRINT FULL NAME Ira M. Bradley

3. (b) If veteran, name war World War 1

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1947 hour 9 minute _____ P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Walls Bradley

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

7. Birth date of deceased Sept 27 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6
19 47 to May 8 19 47
that I last saw him alive on May 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure
Duration 6-47

8. AGE: Years Months Days If less than one day

59	7	11	hr. _____ min. _____
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Due to chronic hypertension

Due to chronic nephritis

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

10. Usual occupation Mechanic

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name William Bradley

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

14. Maiden name Mary A. Morgan

15. Birthplace Illinois
(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. Mary Bradley

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 5/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 5-14-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other M. D.)

Address Poplar Bluff, Mo. Date signed 5-12-47

MOTHER FATHER

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1313

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

RECEIVED

District Health Office No. 2,

District File Number 542-243

Date Filed 5-20-47

JUL 1 1947

JUN 9 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.....

John M. Davies....., Registered Apprentice No. 487
working under my personal supervision.

Signed Wallace N Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff, 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.