No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 0 1947

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20466

Primary Registration District No. 4166

Registrar's No. 16

1. PLACE OF DEATH:

(a) County: De Kalb

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

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

(d) Length of stay: In hospital or institution: (Specify whether)
In this community: Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: DeKalb. 32

(c) City or town: Weatherby Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Winnie M. Bradford.

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May (Month) 29 (Day) 1870. (Year)

8. AGE: Years: 77 Months: 0 Days: 3 If less than one day: hr. min.

9. Birthplace: De Kalb (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: housewife.

11. Industry or business:

FATHER
12. Name: John J Bradford
13. Birthplace: Washington (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Carlin Jones
15. Birthplace: (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Melvin Garson

(b) Address: Maysville mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 4 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Weatherby mo

18. (a) Signature of funeral director: John Brown

(b) Address: Maysville Mo

19. (a) 6-12-47 (Date received local registrar) (b) C. Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 2nd year 1947 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 25, 1944, to June 2, 1947, that I last saw her alive on June 2, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	Several years
Due to:	
Due to:	
Other conditions: Chronic Cholecystitis. (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):

(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) 0

While at work? (e) Means of injury:

23. Signature: Fred K Wilson (M. D. or other) M.D.

Address: Winston Mo Date signed June 4-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address Maysville 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.