

No. 2
1-4-41
17-39
X26390

FILED SEP 22 1947

Registration District No. 104

Primary Registration District No. 3032

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4406 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1947 hour 12:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 13 1947 to Sept. 8 1947
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosed Carcinomatous
Due to Carcinomatous Ulcers

Duration

2 months

Due to _____
Due to _____

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

Major findings: 48B
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. P. ... M.D. (M. D. or other)
Address Warrensburg, Mo. Date signed Sept 8, 1947

3. (a) PRINT FULL NAME Florence Etta Bradley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / race W 5. Color or _____ 6. (a) Single, widowed, married, divorced W 21

6. (b) Name of husband or wife A. H. Bradley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 27 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 11 hr. _____ min.

9. Birthplace Clark, Mo., Boone Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John L. Buckler

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

14. Maiden name Nan Emery

15. Birthplace Randolph County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Billman

(b) Address 407 N. Main St. Warrensburg, Mo.

17. (a) Burial (b) Date thereof Sept. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Missouri

18. (a) Signature of funeral director R. B. Brauminger

(b) Address 617 North Main, Warrensburg, Mo.

19. (a) Sept 8, 1947 (b) Saverius ...
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SEP 23 1947

SEP 23 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. *Me*
working under my personal supervision.

Signed *J.P. Branninger*
Licensed Embalmer No. *3377*
P. O. Address *Warrenburg, 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.