

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED OCT 8 1947  
Registration District No. 21947

Primary Registration District No. 5935

Registrar's No. 303

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Pettis Co. Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
Specify whether

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY JANE BRADFIELD

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1947 hour 5 by minute 4 M.

21. I hereby certify that I attended the deceased from 9/4, 1947, to 9/5, 1947

that I last saw him alive on 9/4 at 47 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Lemville Otis Bradfield

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug 1 1877  
(Month) (Day) (Year)

Immediate cause of death Decompensation of heart

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

1. Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 4 hrs

8. AGE: Years 70 Months 1 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boston Mass  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Smith

13. Birthplace \_\_\_\_\_ England  
(City, town, or county) (State or foreign country)

14. Maiden name Ellene

15. Birthplace \_\_\_\_\_ Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Lemville O. Bradfield

(b) Address Spring Fork Mo RFD

17. (a) Burial (b) Date thereof 9-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 9-6-47 (b) Betty Yeager  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W.D. Byer (M. D. or other) MD

Address Sedalia Mo Date signed 9/5/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

410-6-47

Date Filed

358

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..... *H.P.M. Leary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.