. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2006

Registration District No. 298 | Primary Registration District No. 3054 | Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Pike

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

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

(d) Length of stay: In hospital or institution 38 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Pike

(c) City or town: Pike Co. Hospital
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: LINDA LOUISE BRADSHAW.

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: Newborn Infant

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan (Month) 15 (Day) 1948 (Year)

8. AGE: Years | Months | Days: 1 day | If less than one day: 14 hrs. min.

9. Birthplace: Pike Co. Hospital (City, town, or county) (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Wm W. Bradshaw
13. Birthplace: Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Laird
15. Birthplace: Pike Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Wm W. Bradshaw
(b) Address: Clarksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Clarksville Mo

18. (a) Signature of funeral director: N. E. Gooch
(b) Address: Folia Mo

19. (a) ~~Jan 14 1948 N. E. Gooch~~ (Date received by local registrar) Jan 17, 1948 (Registrar's signature) Bernice Collier

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16, 1948
year hour minute 830 PM

21. I hereby certify that I attended the deceased from Birth
January 15, 1948 to Jan. 16, 1948;
that I last saw him alive on 1-16-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Contusion	36 hrs
Sub Tentorial Hemorrhage	"
Due to: long hard labor and forceful	
Due to: precipitate delivery	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Robert L. Andrae M.D. (M. D. or other)
Address: 214 Georgia St. Louisiana, Mo. Date signed 1-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 12 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-23
Date Filed FEB -4 1948

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 Wasn't Embalmed Registered Apprentice No. working under my personal supervision.

Signed Norman E. Gooch

Licensed Embalmer No. 3342

P. O. Address Eolia 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.