

FILED MAR 1, 1948

Registration District No. 28

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4489

Primary Registration District No. 2000

Registrar's No. 165

## 1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 808 W. Commercial  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution All of life (Specify whether  
 In this community All of life years, months or days)

3. (a) PRINT  
FULL NAMEMary Jane Bradley

## 3. (b) If veteran,

name war No

## 3. (c) Social Security No.

No

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl Bradley6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 16 1886  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace Dallas County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife11. Industry or business In home12. Name Henry Rogers13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Ann Friend15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Earl Smith(b) Address Springfield, Missouri17. (a) Burial (b) Date thereof 2-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenlawn18. (a) Signature of funeral director J.W. Klingner & Co.(b) Address Springfield, Missouri19. (a) 2-22-48 (b) M.S. Handley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 808 W. Commercial  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19  
 year 1948 hour 6 minute 12 P.M.

21. I hereby certify that I attended the deceased from December  
-29th, 1947 to February 19th, 1948;  
 that I last saw h. or alive on February 19th, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Chronic Cardiovascular disease 3 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

White at work? (e) Means of injury

23. Signature R.K. Pope (M. D. or other)Address Springfield Mo Date signed 2-20-48

## PHYSICIAN

Underline the cause of death which should be charged statistically.

VS JUN 1 1959

11104

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

*Mal Rhodes*

Licensed Embalmer No.

*4071*

P. O. Address

*Spring Hill*

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.