

No. 2
1-2-43
5-17-39

FILED MAY 28 1948

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **153**

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

1. PLACE OF DEATH:

(a) County **Adair**

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

(c) Name of hospital or institution: **Community Nursing Home #1** **4**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

(c) City or town **Kirksville**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Ella Bradshaw**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **F** / **W**

5. Color or race **W**

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

6. (b) Name of husband or wife **Frank Bradshaw**

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

7. Birth date of deceased **August 10 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	9	5	hr. _____ min. _____

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

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER {

12. Name **Michael Judge**

13. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary McNally**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. C. Herron**

(b) Address **Kirksville, Missouri**

17. (a) **Burial** (b) Date thereof **5/18/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Highland Park Cmt. Dee Riley Funeral Home**

18. (a) Signature of funeral director _____

(b) Address **Kirksville, Missouri**

19. (a) **5-20-48** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15** year **1948** hour **6:30** minute _____ P: M.

21. I hereby certify that I attended the deceased from **Feb 2** 19**47** to **May 15** 19**48**
that I last saw her alive on **May 15** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Vasomotor collapse** **15 min**

Due to **Myocardial thrombosis** **3 days**

Due to **Arteriosclerosis** **years**

Other conditions **hypertensive heart disease** **years**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **93**

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)

(c) Means of injury _____

23. Signature **M. T. Hutenshaker** **200**
(Physician or other)

Address **Kirksville, Mo** Date signed **5-15-48**

RECEIVED
District Health Officer No. 10
District File Number 5-48-947
Date Filed MAY-26-1948

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.....

..... Jack L. Dooley, Registered Apprentice No. 222

working under my personal supervision.

Signed..... DEE Riley

Licensed Embalmer No. 4191

P. O. Address Kirksville, 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.