S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19820

FILED JUL 15 1948

Registration District No. 156

Primary Registration District No. 3001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: 1705 Bird
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1705 Bird 5
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ROSE BRADLEY

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 MARRIED

6. (b) Name of husband or wife HIRAM

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

7. Birth date of deceased November (Month) 11, (Day) 1884 (Year)

8. AGE: Years 63 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Gallipolis, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name No record 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Hiram Bradley
(b) Address 1705 Bird, Joplin, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Morehead, Kentucky

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 6-16-48 (Date received local registrar) (b) Dolores Hopkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from February, 19 , to 6/15, 1948
that I last saw her alive on 6/15-48, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to recurrent attacks

Due to first attack several months ago

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Ed D James (M. D. or other)

Address Joplin Mo Date signed 6/17-48

(Licensed Embalmer's Statement on Reverse Side)

48-6-557

JUN 24 1956

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.