FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1948

Registration District No. 3708

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21922

Primary Registration District No. 4511

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Harris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Sullivan 105
(c) City or town: Harris 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ULYSSES S. BRADLEY
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Olga Bradley
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Mar 12-1867 (Month) (Day) (Year)

8. AGE: Years 81 | Months 3 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Sullivan Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Physician M.D.
11. Industry or business: " "
12. Name (FATHER): Thomas L Bradley
13. Birthplace (FATHER): (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER): Rebecca Deiper
15. Birthplace (MOTHER): (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs U. S. Bradley
(b) Address: Harris Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Harris Mo
18. (a) Signature of funeral director: P. S. Bayne & Son
(b) Address: Galt Mo.
19. (a) July 6-48 (Date received local registrar) (b) Greta Caldwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 21 year: 1948 hour: 8 minute: A.M.
21. I hereby certify that I attended the deceased from Dec. 6th 1946, to June 21st 1948, that I last saw him alive on June 20th 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture neck of Right Femur — Duration
Due to: a fall at Home
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 1 Co
Of autopsy: 1 8 14

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): Accident
(b) Date of occurrence: Dec. 6th 1946
(c) Where did injury occur? Harris Sullivan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place) 105
While at work? (e) Means of injury: Fell down
(f) Signature: Oliver T. Dilley M.D. (M.D. or other)
Address: Trenton Mo. Date signed: June 22 1948

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

RECEIVED
District Health Officer No. 1
District File Number 7-48-1
Date Filed JUL 7 - 1949

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 P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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: