

FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22015

Registration District No. 376

Primary Registration District No. 4560

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nettie Forrest Home 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 Wright 114
(c) City or town Norwood 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Garry Lee Bradshaw

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 7

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 29 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 11 hr. 0 min.

9. Birthplace Norwood Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Lenard J. Bradshaw

13. Birthplace Norwood Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Grace V. Ryan

15. Birthplace Norwood Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lenard J. Bradshaw

(b) Address Norwood, Missouri

17. (a) Burial (b) Date thereof 5-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reliford Cemetery

18. (a) Signature of funeral director Bouldin Funeral Home

(b) Address Norwood, Missouri

19. (a) 6-16-48 (b) Maack Worschaw
(Date received local registrar) (Registrar's signature)
by Miss M. L. ... (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1948 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 29 1948 to April 30 1948
that I last saw him alive on April 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
7 months
Due to _____
Due to don't know

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
157

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Norwood Date signed 6/25 1948

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 6,
District File Number 748-766
Date Filed JUL 12 1948

II

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, XXXX
....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas J. Mauldin
Licensed Embalmer No. 4317
P. O. Address Box 136, Norwood, 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.