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

FILED SEP 3 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 248

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BOTHWELL MEMORIAL 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 DAYS
(Specify whether years, months or days)
 In this community 40 YEARS

3. (a) PRINT FULL NAME THOMAS HENRY BRADSHAW
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex M. 5. Color of race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ANNA J. BRADSHAW
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased JULY 17 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months _____ Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace PARIS ONTARIO CANADA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER

12. Name HENRY BRADSHAW
 13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant T. Bradshaw
 (b) Address Maple Street

17. (a) BURIAL (b) Date thereof 8-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAMONTE CEMETERY

18. (a) Signature of funeral director Paul M. Miller
 (b) Address LAMONTE MO.

19. (a) 8-13-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County Pettis 80
 (c) City or town LAMONTE
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
 year 1948 hour 100 minute P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1948 to Aug 11, 1948
 that I last saw him alive on Aug 11, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cor Myocardium
 Duration _____

Due to _____
 Due to _____

Other conditions 93B
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 P.W. Weaver M.D. (M.D. or other)
 Address 1514 N. 1st St. Mo. Date signed Aug 13 48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-2-48

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.