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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32208

Registration District No. 77 | Primary Registration District No. 5171 | Registrar's No. 312

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton, R.F.D. E Hams Prairie
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

(d) Street No. R.F.D. # 6 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hescott Brown Bradley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Bradley

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

7. Birth date of deceased April (Month) 4 (Day) 1889 (Year)

8. AGE: Years 59 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Hams Prairie (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Edward Everett Bradley
13. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Maggie L DeHaven
15. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Jennie Bradley
(b) Address Fulton, Mo. R.F.D.# 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W 6th St. Fulton, Missouri

19. (a) 10-26-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 10 day 24
year '48 hour 9 minute a M.

21. I hereby certify that I attended the deceased from April 10, 1948 to 10-24-1948
that I last saw him alive on 10-23-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Essential Hypertension

Due to

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

Major findings:
Of operations
Of autopsy 95

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 0

23. Signature W O Payne (M. D. ~~or other~~)
Address R# 6 Fulton Date signed 10-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
NOV 5 1948
Date Filed

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 Denzil O. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.