

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 5 1949

Registration District No.

Primary Registration District No. 6171

Registrar's No. 63

1. PLACE OF DEATH:

(a) County. Stone

(b) City or town. Ponce de Leon
(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. 9 years
(Specify whether years, months or days)

In this community. 9 years

3. (a) PRINT FULL NAME Herman Eugene Bradford

3. (b) If veteran, No. None 3. (c) Social Security No. None

name war. None

4. Sex. M 5. Color or race. Wht 6. (a) Single, widowed, married, Single
(i) divorced

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive. 27 years

7. Birth date of deceased. June 27 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 5 17 br. min.

9. Birthplace. Ponce de Leon Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name. Willie Bradford

13. Birthplace. Ponce De Leon Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name. Louise Perkins

15. Birthplace. ? ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mr. Willie Bradford

(b) Address. Ponce de Leon Missouri

17. (a) Burial (b) Date thereof. 12-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Ponce de Leon, Mo.

18. (a) Signature of funeral director. John Deanham

(b) Address. Cleves, Mo.

19. (a) Dec. 18-48 (b) Jena Murray - Reg.
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Stone 104

(c) City or town. Ponce de Leon 0
(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. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Dec day. 14
year. 1948 hour. 6 minute. 30 M.

21. I hereby certify that I attended the deceased from 14 Dec 1948 to 14 Dec 1948
that I last saw him alive on 8 Dec 1948 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis

Due to. myocardium

Due to.

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

Major findings: 940
Of operations.

Of autopsy.

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? 11 (e) Means of injury

23. Signature. John Deanham (M. D. or other) 11
Address. St. Louis, Mo. Date signed. 14 Dec 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

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

RECEIVED
District Health Officer No. 6,
District File Number 1248-1421
Date Filed 12-21-48

Wife

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 _____

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address _____

Cleora, 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.