

FILED JUN 22 1949

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 42

1. PLACE OF DEATH:

(a) County PEMISCOT *Little Prairie Twp.*  
(b) City or town CARTHERSVILLE (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
VAN AUSDALE'S FARM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether  
In this community 12 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PEMISCOT  
(c) City or town CARTHERSVILLE (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. VAN AUSDALE'S FARM  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES BRADLEY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex M 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SEPARATED  
6. (b) Name of husband or wife FLORA BRADLEY 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased JUNE 15, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 11 11 hr. min.

9. Birthplace RALEIGH, N. C.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER { 12. Name DAVE BRADLEY  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LUCILLE HARRIS

(b) Address RTE 1 BOX 9 - CARTHERSVILLE

17. (a) BURIAL (b) Date thereof JUNE 19, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SWIFT, MO

18. (a) Signature of funeral director G. M. Hill

(b) Address Delbourn, Mo

19. (a) June 16, 1949 (b) Leslie B. Welke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE 12 day 1949  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 8<sup>30</sup> AM.

21. I hereby certify that I attended the deceased from JUNE 5, 1949  
to JUNE 15, 1949.  
that I last saw him alive on JUNE 5, 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC FAILURE Duration  
CARCINOMA STOMACH ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 151X **PHYSICIAN**

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 D

23. Signature L. W. Lake (M. D. or other) M.D.

Address Carthersville, Mo Date signed 6-19-49

6-49-15-5

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 *J. Hill*

Licensed Embalmer No. *2628*

P. O. Address. *Lebanon 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.