

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43577

FILED DEC 19 1949

47095-49

|   |  |  |   |   |   |  |   |                                  |  |
|---|--|--|---|---|---|--|---|----------------------------------|--|
| BIRTH NO. <u>47095-49</u>   |  | REG. DIST. NO. <u>376</u>  |   | PRIMARY REG. DIST. NO. <u>456a</u>  |   | Registrar's No. <u>17</u>  |   |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wright</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> |   |  |   |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood</u>   |  | c. LENGTH OF STAY (In this place)  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood, Mo</u>   |   |  |   |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>  |  |  |   | d. STREET ADDRESS (If rural, give location)   |   |  |   |                                  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Michel</u> b. (Middle) <u>James</u> c. (Last) <u>Bradshaw</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-1949</u> |   |   |  |   |                                  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>  |   | 8. DATE OF BIRTH <u>5-2-1949</u>   |   |                                  |  |
| 9. AGE (In years last birthday) <u>6</u>  |  | IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>   |   | IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>   |   |  |   |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY                       |   | 11. BIRTHPLACE (State or foreign country) <u>Norwood, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |                                  |  |
| 13a. FATHER'S NAME <u>Leonard J Bradshaw</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Grace V. Ryan</u>          |   |   | 14. NAME OF HUSBAND OR WIFE  |   |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Leonard J. Bradshaw</u>  |   | ADDRESS <u>NORWOOD, Mo.</u>  |   |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  |  |   | MEDICAL CERTIFICATION   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suspected Polionelitis</u>  |  |  |   | DUPLICATE (b) <u>Calhoun</u>  |   |  |   |                                  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |   | DUPLICATE (c)   |   |  |   |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |   |   |  |   | <u>2213</u>                      |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |  |   |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR   |   |  |   |                                  |  |
| 22. I hereby certify that I attended the deceased from <u>11/27</u> , 19 <u>49</u> , to <u>11/27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/19</u> , 19 <u>49</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above. |  |  |   |   |   |  |   |                                  |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)   |  |  |   | 23b. ADDRESS <u>403 W. 60th</u>   |   | 23c. DATE SIGNED <u>11/28/49</u>   |   |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>11-29-1949</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Retherford Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Wright Co., Mo.</u>             |   |                                  |  |
| DATE REC'D BY LOCAL REG. <u>12-1-49</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. A. B. Washburn</u> <u>347</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Pauldin</u>   |   | ADDRESS <u>Norwood, Mo.</u>  |   |                                  |  |

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

RECEIVED DEC 10 1949  
District Health Office No. 6,  
District File Number 1249-1352  
Date Filed 12-14-49

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

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Thomas J. Houlden*

Licensed Embalmer No. 4317

P. O. Address 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.