

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4394

320

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

|   |  |   |   |  |   |  |  |
|---|--|---|---|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 99   |   | PRIMARY REG. DIST. NO. 2378  |   | Registrar's No. 16   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Farm Home<br>DeKalb. Co.   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MO. b. COUNTY DeKalb |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN King City   |  | c. LENGTH OF STAY (In this place)<br>73   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN King City Mo. R.R. 0320                |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Farm Home  |  |   |   | d. STREET ADDRESS (If rural, give location)  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) William Henry Bradley  |  |   | a. (First) b. (Middle) c. (Last)                |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>2.26.1950          |  |
| 5. SEX<br>Male  |  | 6. COLOR OR RACE<br>White   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed  |   | 8. DATE OF BIRTH<br>1.16.1875                                  |  |
| 9. AGE (In years last birthday)<br>75   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Mail Carrier.   |   | 11. BIRTHPLACE (State or foreign country)<br>White Hall Ill.   |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Mail Carrier.  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Same   |   | 11. BIRTHPLACE (State or foreign country)<br>White Hall Ill.   |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                         |  |
| 13a. FATHER'S NAME<br>Harvey A. Bradley   |  |   | 13b. MOTHER'S MAIDEN NAME<br>Mary Alice Bissell |  |   | 14. NAME OF HUSBAND OR WIFE<br>Mattie.                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  |   | 16. SOCIAL SECURITY NO.<br>None                 |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Harold Irwin. King City Mo. R.R. |  |  |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>47mo                                 |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 _____, 19____, to 2.26., 1950, that I last saw the deceased alive on 2.25., 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.       |  |   |   |  |   |  |  |
| 22a. SIGNATURE<br>L. A. James DO  |  |   |   | 22b. ADDRESS<br>King City Mo.  |   | 22c. DATE SIGNED<br>2.28.1950                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial (I)   |  | 24b. DATE<br>2.28.1950  |   | 24c. NAME OF CEMETERY OR CREMATORY<br>King City Mo.  |   | 24d. LOCATION (City, town, or county) (State)<br>King City Mo. |  |
| DATE REC'D BY LOCAL REG.<br>3-7-50  |  | REGISTRAR'S SIGNATURE<br>Rescoe Pardlow 821   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br>R. G. Pappert  |   | ADDRESS<br>King City Mo.                                       |  |

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *R. J. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City, 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.