

FILED NOV 12 1943 137

State File No.

Registrar's No. 192

Registration District No.

Primary Registration District No. 5516

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Springfield Twsp.
(c) Name of hospital or institution:
Route # 1, Calhoun
(d) Length of stay: In hospital or institution 68 years
In this community 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(d) Street No. Route 1, Calhoun
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Arlie H. Bradley

3. (b) If veteran, name war No 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 Julia Dodson Bradley 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 27 1875

8. AGE: Years 68 Months 5 Days 9 If less than one day hr/ min.

9. Birthplace Henry County Missouri

10. Usual occupation Farming

MOTHER FATHER { 11. Industry or business
12. Name Thomas Bradley
13. Birthplace Howard County Missouri
14. Maiden name Josephine Collins
15. Birthplace Henry County Missouri

16. (a) Informant Thomas Bradley
(b) Address Calhoun, Missouri
17. (a) Burial (b) Date thereof 9-8-43
(c) Place: burial or cremation Ht. Oliver Cemetery Henry County, Mo.
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) October 4, 1943 (Date received local registrar)
Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 6
year 1943 hour 9:20 p Minute 11 M.

21. I hereby certify that I attended the deceased from Sept 8th 1943 to Sept 5th 1943
that I last saw him alive on Sept 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ray's Ascending Paralysis
Duration 2 yrs

Other conditions (Include pregnancy within 3 months of death) 8211

Major findings: Of operations 8211
Of autopsy 8211

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 8211
(b) Date of occurrence 8211
(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 8211
23. Signature Th. D. Turner (M. D. or Registrar)
Address Windsor, Mo. Date signed 9-7-43

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

15-11-1943
District of Columbia No. 7,
Health Department Number 10-43-1257
Date filed 11-10-43

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 *Wm. H. Zinstad*
Licensed Embalmer No. 337
P. O. Address *Lincoln St.*

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.