

No. 2
-2-43
-17-39
X35697

FILED FEB 14 1946
Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Rest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. 503 E. Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Daisy Gallaher Bradley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe / 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Will P. Bradley

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 3 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name William Gallaher

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Powers

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

16. (a) Informant Bert Gallaher

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri
Huston-Turner

18. (a) Signature of funeral director _____

(b) Address Windsor, Mo.

19. (a) Feb 12-46 (b) R. V. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1945 hour 10:30 a Minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 5, 1944, to Feb. 8, 1946
that I last saw her alive on Feb. 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left lung
Duration 10 Mo.

Due to _____

Due to _____

Other conditions Volunteer Heart disease 8 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

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) (c) Means of injury _____

23. Signature J. A. Blackmore (M. D. or other) MD

Address Windsor, Mo. Date signed 2-26-45

120

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

100109

FEB 14 1946

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 Clifton Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.