

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

FILED DEC 13 1947

Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 2-35

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WEIZEL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 DAYS Specify whether
In this community 6 Weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42
(c) City or town Windsor Mo. 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

VIRGINIA F. BRADLEY

(b) If veteran, name war. NONE

(c) Social Security No. NONE

4. Sex FEMALE race WHITE 5. Color or race 2
6. (a) Single, widowed, married, divorced. WIDOW
6. (b) Name of husband or wife. RICHARD BRADLEY 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. MARCH 18, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 14 hr. ✓ min.

9. Birthplace. COOPER CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEKEEPER

11. Industry or business

12. Name DAWSON YARBERG
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN ROGERS
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Bradley
(b) Address Clinton, Mo.

17. (a) BURIAL (b) Date thereof 12-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, CEM.

18. (a) Signature of funeral director W. H. Lambert
(b) Address Clinton

19. (a) 12-3-47 (b) R. B. Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
year 1947 hour 6:55 minute P. M.

21. I hereby certify that I attended the deceased from 10-15-47
....., 19....., to 12-2-47....., 19.....;
that I last saw her alive on 12-2-47....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus (Sarcoma) secondary
hemiplegia

Due to.

Due to.

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

Major findings:
Of operations. 1/108
Of autopsy.

Duration

PHYSICIAN

Underline the cause of 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 2

23. Signature Guss West (M. D. or other).....
Address CLINTON MO. Date signed 12-3-47

RECEIVED
District File Number 12-11-47
Date Filed
Officer No. 71
16-47-1421

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 H. J. Vaisant
Licensed Embalmer No. 3779
P. O. Address Clinton

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.