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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Stand 7707

State File No. ~~65~~

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. ~~668~~ 631

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Beaman, Mo. Rural
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 631 Maggie Bradbury

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 6 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Walter Bradbury
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Hannah Shepley
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Charley Bradbury
(b) Address Beaman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Providence

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo. 9 N

19. (a) Feb. 16-1940 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1940 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 5, 1940, to Feb. 15, 1940;
that I last saw her alive on FEB 15, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to General toxemia	
Due to frozen feet & gangrene	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Gordon Stauffacher (M. D. or other) MD
Address Sedalia, Mo. Date signed 2-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 3-12-60
Date Filed

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 Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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, above space should be left blank.