

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

1931 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11119

Registration District No. 376

Primary Registration District No. 4240

Registrar's No. _____

1. PLACE OF DEATH:
(a) County HOWARD
(b) City or town ARMSTRONG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 17
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME EDNA E. BRADSHAW
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife D. W. BRADSHAW 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased DEC 14 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name W. H. MARKLAND
18. Birthplace HOWARD CO MO
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA J. GILLIAM
15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. W. Bradshaw
(b) Address ARMSTRONG MO

17. (a) BURIAL (b) Date there MAR 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director W. H. O'Leary
(b) Address Armstrong MO

19. (a) 3/26-40 (b) W. M. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWARD
(c) City or town ARMSTRONG
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 25th
year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from MARCH 25, 1940, to MAR 25, 1940
that I last saw HER alive on MAR 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE 3 hr
Duration _____

Due to _____
Due to _____

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

Major findings:
Of operations _____
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? 39

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

23. Signature W. M. Dickerson (M. D. or other) _____
Address Armstrong MO Date signed 3/26/40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-10-40

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.....

A. H. Oldaker....., Registered Apprentice No.....
working under my personal supervision.

Signed *A. H. Oldaker*.....
Licensed Embalmer No. *1667*.....
P. O. Address *Anthony Mc*.....

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.