

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31383**

Registration District No. **FILED OCT 11 1940 73**

Primary Registration District No. **3006**

Registrar's No. **209**

1. PLACE OF DEATH:

(a) County Bone

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

(c) Name of hospital or institution: Ellis Fischel State CA Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME CECIL V. BRADFIELD

8. (b) If veteran, name war -

3. (c) Social Security No. 500-01-9916

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Della Bradfield

6. (c) Age of husband or wife if alive 32? years

7. Birth date of deceased April 5 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Hoodman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business

12. Name Lafayette Bradfield

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

14. Maiden name Ida Jennings

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

16. (a) Informant: Hospital Records

(b) Address: Columbia, Mo.

17. (a) Burial (b) Date thereof 9/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director J. M. McHugh

(b) Address Parsons Columbia, Mo.

19. (a) 9/21/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

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

(d) Street No. 0 823 Ohio Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1940 hour 10 minute 20 AM.

21. I hereby certify that I attended the deceased from 9-6- 1940 to 9-20 1940
that I last saw him alive on 9-20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Generalized
bowel obstruction

Due to Cancer of Urinary Bladder

Due to _____

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: Wide spread CA bladder

Of operations _____

Of autopsy Pneumonia & bowel obstruction
CA bladder

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? 74
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. S. Royce (M. D. or other) _____
Address Ellis Fischel State CA Hosp. Date signed 9-20-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Tom McHary Jr

Licensed Embalmer No. 4867

P. O. Address Columbia 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.