

FILED FEB 17 1941

Registration District No. **655**

Primary Registration District No. **4392**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Steele
(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.? 0 years.

3. (a) PRINT FULL NAME Cordia Bradford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 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 Jan 15, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Madison Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation None (blind from birth)

11. Industry or business _____

MOTHER FATHER { 12. Name James Bradford

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant A. S. Jordan

(b) Address Steele, Mo.

17. (a) Mt. Zion Cem. (b) Date thereof Feb. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Walt Lindt, Co.

(b) Address 3 Ivy Hillville

19. (a) 2/9/41 (b) S. S. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1941 hour 8 A.M. minute _____

21. I hereby certify that I attended the deceased from 1-25-41
1-31, 1941, to _____, 1941;
that I last saw her alive on 25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
and old age

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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?
597 (Specify type of place)

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

23. Signature J. B. McDaniel (M. D. or other) (M)

Address Steele Date signed 1-31

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

1581

2-41-57

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.....

Licensed Embalmer No.....

P. O. Address.....

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.