

FILED APR 9 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 202

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Benton,  
(b) City or town Lincoln,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No, / At home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 Yrs, years, months or days)

3. (a) PRINT FULL NAME Malinda E. Bradway

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow,

6. (b) Name of husband or wife S.O. Bradway, 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Aug, 30 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 10 If less than one day  
hr. min.

9. Birthplace Brown Co, Ill, /  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mathew Ferguson  
13. Birthplace Brown Co, Ill, /  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Craig,  
15. Birthplace Penn, /  
(City, town, or county) (State or foreign country)

16. (a) Informant Ladie Kelly  
(b) Address Red Oak & Iowa

17. (a) Lincoln Cem, (b) Date thereof March 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem,

18. (a) Signature of funeral director J.B. Albert

(b) Address Lincoln

19. (a) Mr. T. (b) Mr. Amy K. Rhoads  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Benton?  
(c) City or town \_\_\_\_\_ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 1941  
year 1941 hour 4-30 minute P.M.

21. I hereby certify that I attended the deceased from March-10- 1941 to March-10- 1941  
that I last saw her alive on March-10- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 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?

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

23. Signature O.P. Cuddy (M. D. or other) D

Address Lincoln MO Date signed 3-11-41

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-654

Date Filed 4-8-41

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**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.**