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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 10 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10753

Primary Registration District No. 5440

Registrar's No. 222

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

1. PLACE OF DEATH:
(a) County GREENE S Springfield
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozah Osteopathic Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs, 20 min. (Specify whether)
In this community 3 months 17 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 631 W. Brower 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Jane Ann Bradley

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased Nov. (Month) 26 (Day) 1940 (Year)

8. AGE: Years 0 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Springfield, Mo. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

MOTHER FATHER
12. Name Gene Oscar Bradley
13. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Rubie Prosser
15. Birthplace Kirksville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Father - Gene Oscar Bradley
(b) Address 631 West Brower Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 15 (Day) 1941 (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director J. W. Thurgner & Co
(b) Address Springfield, Mo.

19. (a) 3-15-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 9 minute 20 P M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to March 15, 1941 that I last saw her alive on March 15, at 9.20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis following

Due to Whooping Cough

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

Duration

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 [illegible] (M. D. or other) 2
Address Springfield Mo. Date signed Mar 18 1941

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Hung Jul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.