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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17850

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 442

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1122 W. NICHOLS
(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 GREENE. 39

(c) City or town SPRINGFIELD. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1122 W. NICHOLS 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MINNIE BRADLEY

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex 1 FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Feb (Month) 24 (Day) 1881 (Year)

8. AGE: Years 60 Months 3 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name Will Childers
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Pierce
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant L. O. Austin
(b) Address 1122 W. Nichols City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 31 (Day) 1941 (Year)
(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Missouri

19. (a) 5-31-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day May year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 26 - 1941, 19__, to May 28, 1941 that I last saw her alive on May 27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation with Hypostatic Pneumonia	4 days
Due to Chronic Myocarditis Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? 904 (Specify type of place)
(e) Means of injury

23. Signature A. D. Vaile (M. D. or other) CMD
Address Springfield, Mo. Date signed 5/29/41

(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 Ogle Sloan Jr.

Licensed Embalmer No. 4196

P. O. Address Springfield

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

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