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WED JUN 5 1941

Registration District No. 26

Primary Registration District No. 5034

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico - Rural - Salt River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
712 S. Clark St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 712 S. Clark St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Floyd Bradley

(b) If veteran, name war No

(c) Social Security No. 491-05-6617

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1941 hour _____ minute _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Priscilla Bradley

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 3 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased Paul
Warner to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 0 11 hr. _____ min.

Immediate cause of death Acute Cardiac
decompensation terminating
Chronic myocarditis and Hypertrophy
Due to hypertensive degree IV
Due to _____

9. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

11. Industry or business Fire Brick

MOTHER FATHER { 12. Name J. Royal Bradley

13. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eugenie McClanahan

15. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations Established and
Of autopsy Confirmed - by
Autopsy findings

16. (a) Informant Priscilla Bradley

(b) Address 712 S. Clark St. Mexico, Mo.

17. (a) Cremation (b) Date thereof May 15, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, St. Louis, Mo.

18. (a) Signature of funeral director E. E. O'Neil

(b) Address Mexico, Mo.

19. (a) May 17 1941 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature E. E. O'Neil (M. D. or other) _____
Address Mexico, Mo. Date signed 5/14/41

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

STATEMENT BY LICENSED EMBALMER

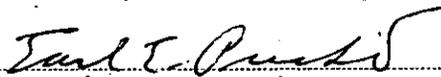
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3189**

P. O. Address **Mexico, 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, fact should be so stated above.