

FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22927

District No. 847 Primary Registration District No. 6112 Registrar's No. 6135

1. PLACE OF DEATH
(a) County Stone
(b) City or town Williams Rural
(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.
In this community years, months or days

3. (a) PRINT FULL NAME unmaried
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male, Color or race Sh
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 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. 15 min.

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

10. Usual occupation

11. Industry or business
12. Name Willie Earl Bradford
13. Birthplace Hayward, Kansas (City, town, or county) (State or foreign country)
14. Maiden name Sallie Perkins
15. Birthplace Council Bluffs, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Perkins (b) Address Berryville Ark R 4

17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mc Cullough

18. (a) Signature of funeral director (b) Address

19. (a) June 27 1940 (b) J. C. Chappell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone 104
(c) City or town Williams Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1940 hour 11:00 minute 500 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on Aug 15 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to

Due to 159

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?

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

23. Signature (M. D. or other) Address Date signed

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

RECEIVED

District Health Officer No. 6,

District File Number 741-1075

Date Filed JUL 11 1941

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 the above constitutes grounds for revocation of license.)

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