No. 2
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30970

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 253

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

10
0
0

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural - Columbia Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Columbia - Route 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Columbia Route 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WALTER S BRADLEY
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sept (Month) 19 (Day) 1855 (Year)

8. AGE: Years 85 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name John T Bradley
13. Birthplace (City, town, or county) Mo (State or foreign country)
14. Maiden name Nancy Rear
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs R. O. Southard
(b) Address Route 6 Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cem.
18. (a) Signature of funeral director Parker's
(b) Address Columbia Mo
19. (a) 9/13/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1941 hour 4 minute 0m M.
21. I hereby certify that I attended the deceased from Sept 11, 1941, to Sept 12, 1941
that I last saw him alive on Sept 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Due to Hardening of the Arteries

Due to

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G A Bradford (M. D. or other)
Address Columbia Mo Date signed Sept 21

(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.....

Licensed Embalmer No. 41,32

P. O. Address.....

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

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

S. No. 2B
—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30970

Registration District No. 73 Primary Registration District No. 5112 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia R #6
(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a): PRINT FULL NAME Walter S. Bradley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 19 (Day) 1855 (Year)

8. AGE: Years 85 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11/25/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1941 hour minute M.

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

Immediate cause of death Paralysis

Due to Hardening of Arteries

Due to Paralysis Agitans

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 87c

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

1941
S-30970