

No. 2
1-7-41
5-7-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37813

State File No. _____

FILED DEC 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
103 North 17th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 19 years 9 months 12 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Evelyn Grace Bradford
3. (b) If veteran, name war
3. (c) Social Security No. 493-18-7339

4. Sex Female 5. Color or race White
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 February 15 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business Office Western Tablet, Co.

12. Name Benjamin E. Bradford

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

14. Maiden name Jennie Kibbey

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Bradford

(b) Address 103 No. 17th. St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/29/41
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meinhoffen

(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) Nov 29 1941 (b) A. Neethous
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 103 No. 17th. Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1941 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 20 to Nov 24 1941
that I last saw her alive on Nov 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast & lungs
Due to unknown

Due to _____
Other conditions None 50
(Include pregnancy within 3 months of death)

Major findings: Sarcoma
Of operations _____
Of autopsy None

Duration

32 hrs.

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) _____ (Means of injury)
23. Signature Walter Meinhoffen (M. D. or other) M. D.
Address 2802 Jule St. St. Joseph Date signed 11/29/41

(Licensed Embalmer's Statement on Reverse Side)

Missouri.

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

MOTHER FATHER

85

APR 28 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

Walter Muirhoffer Jr., Registered Apprentice No. *302*
working under my personal supervision.

Signed *Chas Jester*
Licensed Embalmer No. *4154* Missouri.
P. O. Address *St. Joseph, Missouri.*

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.