

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17352

Registrar's No. 100

JUN 22 1942
Registration District No. 3006-5-1-8

Primary Registration District No. 3006-5-1-8

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 18 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 810 Sandifer St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAE J. BRADLEY

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Brooks Bradley
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 8 21 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas Henry Dowler

13. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Knotts

15. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Brooks Bradley

(b) Address 810 Sandifer St.

17. (a) Burial (b) Date thereof 5-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Missouri

19. (a) 5-20-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28
year 42 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 27 1942 to May 28 1942
that I last saw her alive on May 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension & arteriosclerosis.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations _____
Of autopsy _____

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) (b) Means of injury _____
23. Signature Edmund Schmitt (M. D. or other) _____
Address Columbia, MO Date signed 5/31/42

10
2
4

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

MOTHER FATHER

1250

(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

M. W. Whitehead

Licensed Embalmer No.

7893

P. O. Address

Columbia

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.