

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

1. PLACE OF DEATH:

(a) County CASS
(b) City or town DREXEL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply.
(Specify whether years, months or days)
In this community 3 years.

8. (a) PRINT FULL NAME LAURA STOKER BRADLEY

8. (b) If veteran, name war None. 8. (c) Social Security No. None.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dillard Bradley, 6. (c) Age of husband or wife if alive Dead. years

7. Birth date of deceased December, 21, 1861.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 12 _____br. _____min.

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

10. Usual occupation Household duties.

11. Industry or business At Home.

12. Name Elias Stoker,

13. Birthplace No. Car.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Simons,

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Stoker,

(b) Address Edna, Kansas.

17. (a) Removal. (b) Date thereof Jan. 5, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Hill Kans. Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Missouri.

19. (a) 1/4/1943. (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass
(c) City or town Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1943 hour 2 minute 0 A.M.

21. I hereby certify that I attended the deceased from Dec 27 1942 to Jan 3 1943
that I last saw her alive on Jan 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cholecystitis. Duration 8 days

Due to _____

Due to _____

Other conditions 12 TB
(Include pregnancy within 3 months of death)

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) Means of injury 0

23. Signature Basil A. Adair (M. D. or other) MD
Address Drexel, Mo. Date signed 1/4/43

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 personally

~~working under my personal supervision.~~ Registered Apprentice No. _____

Signed [Signature]

Licensed Embalmer No. 1950

P. O. Address Drexel - 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, above space should be left blank.