

3. No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14153

Registration District No. 99

Primary Registration District No. 4170

Registrar's No. 105

1. PLACE OF DEATH:

(a) County DEKALB

(b) City or town UNION STAR *Mo*

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: 40 YEARS (Specify whether years, months or days)

3. (a) PRINT FULLNAME WILLIAM ERI 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 MARRIED

6. (b) Name of husband or wife EMMA E. BRADLEY

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased JULY 2-1861

(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>81</u> | <u>8</u> | <u>29</u> | hr. min.             |

9. Birthplace ERIE COUNTY PA.

(City, town, or county) (State or foreign country)

10. Usual occupation BUILDING CONTRACTOR

11. Industry or business

MOTHER FATHER

12. Name JOSEPH G. BRADLEY

13. Birthplace UNKNOWN PA.

(City, town, or county) (State or foreign country)

14. Maiden name OLIVE A. HATCH

15. Birthplace UNKNOWN PA.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma E. Bradley

(b) Address UNION STAR, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 4-2-1943 (Month) (Day) (Year)

(c) Place: burial or cremation UNION STAR, MO.

18. (a) Signature of funeral director Wm. S. Stanton

(b) Address ATLANTA, GA

19. (a) 4-9-43 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DEKALB

(c) City or town UNION STAR (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? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31ST

year 1943 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jace 1943 to MARCH 31, 1943;

that I last saw him alive on MARCH 31, 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer sigmoid

Duration 1yr

Due to \_\_\_\_\_

Due to H6

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature E. M. Reynolds (M. D. or other)

Address Union Star Mo Date signed 3-31-43

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

32  
0  
0

1248

(Licensed Embalmer's Statement on Reverse Side)

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**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..... *Wm S Stanton Jr* .....

Licensed Embalmer No..... *3778* .....

P. O. Address..... *Atchison, 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, fact should be so stated above.**