

FILED **MAY 10 1944**

Registration District No. _____

Primary Registration District No. **3053**

Registrar's No. **47**

1. PLACE OF DEATH:
(a) County **Phelps**
(b) City or town **MO**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 yr.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Phelps** **P1**
(c) City or town **Rolla** **2**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **608 W. 11th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sterling Price Bradley**
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No _____

4. Sex **M** **5. Color or** _____ **6. (a) Single, widowed, married,** _____
race **W** **divorced.** **Married**
6. (b) Name of husband or wife **Mary Watts Bradley** **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased **Nov. 18 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Auxvasse MO 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business **Teaching -**

MOTHER FATHER
12. Name **Thomas Milton Bradley**
13. Birthplace **Callaway Co MO**
(City, town, or county) (State or foreign country)
14. Maiden name **Cynthia Swan**
15. Birthplace **Callaway Co MO 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs S.P. Bradley**
(b) Address **Rolla, MO**

17. (a) Burial (b) Date thereof **4-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla Cemetery**

18. (a) Signature of funeral director **Alfred J. Smith**
(b) Address **Rolla, MO**

19. (a) 4/8/1944 (b) **J. Ellis H. Walker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6**
year **1944** hour **01** minute **55** P.M.
21. I hereby certify that I attended the deceased from **April 1**
1 19**44** to **April 6** 19**44**
that I last saw him alive on **April 6** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **6 da.**

Due to _____
Due to _____ **gza**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. E. Fend** (M. D. or other) _____
Address **Rolla, MO** **U** **Date signed** **4-7-44**

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 *John H. Lallow*
Licensed Embalmer No. 3643
P. O. Address Cuba, 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.