

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mo. 29 days
(Specify whether years, months or days)
In this community 9 mo. 29 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Bertha Christine Bradford

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

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver Bradford 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased june 28 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 4 16 hr. min.

9. Birthplace Beaver Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name General Grant Bowen
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mima Abbott
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 11-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville Mo

18. (a) Signature of funeral director Delver Funeral Home

(b) Address Cassville Mo.

19. (a) 1/30/44 (b) Audrey Bradford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1944 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from January 15 1944 to Nov. 13, 1944
that I last saw h. or alive on Nov. 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Over 4 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 136'
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?

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

23. Signature G. F. Fyfe (M. D. or other) MD.

Address Mt. Vernon, Mo Date signed 11-13-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1266

Date Filed NOV 30 1944

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 B. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.