S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 1605

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12681

Primary Registration District No. 5037

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rual Saltriver (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.#1, Mexico, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rual (If outside city or town limits, write "RURAL")

(d) Street No. R.F.F.#1, Mexico (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James H. 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 Orpha Bradley

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 20, 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Callaway County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Bradley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanada Dudley
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orpha Bradley

(b) Address Mexico, Mo.

17. (a) Brrial (Burial, cremation, or removal) (b) Date thereof May 2, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia, Mo.

18. (a) Signature of funeral director Earl E. Prado

(b) Address Mexico, Mo.

19. (a) 4-30-45 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 13, 1945, to April 27, 1945; that I last saw him alive on April 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertention

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Jolley (M. D. or other) MD

Address Mexico, Mo. Date signed 5/3/45

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-859
Date Filed MAY 10 1945

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 Earl E. Precht, Registered Apprentice No. ____, working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.