

S. No. 2  
5-43  
5-17-39  
X38671

State File No.

Registration District No. **SEP 12 1945**

Primary Registration District No. **2000**

Registrar's No. **649**

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

**1. PLACE OF DEATH:**

(a) County **GREENE**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Springfield Baptist Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 days**  
 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME:** **Lester Franklin Bradley**

**3. (b) If veteran, name war:** **no**

**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:** **Bucna Vista Bradley**

**6. (c) Age of husband or wife if alive:** **54** years

**7. Birth date of deceased:** **Oct 6, 1891**  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>53</b>	<b>10</b>	<b>11</b>	hr. min.

**9. Birthplace:** **UNK.** **Oklahoma**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation:** **Farmer**

**11. Industry or business:**

**MOTHER FATHER**

**12. Name:** **Sam Bradley**

**13. Birthplace:** **UNK.** **Tenn.**  
 (City, town, or county) (State or foreign country)

**14. Maiden name:** **Mrs. M. O. C. G.**

**15. Birthplace:** **UNK.** **Missouri**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant:** **Jessie B. Bradley**

**(b) Address:** **Diamond Sp.**

**17. (a) Burial, cremation, or removal:** **BURIAL** **(b) Date thereof:** **8-19-1945**  
 (Month) (Day) (Year)

**(c) Place: burial or cremation:** **Meisemer**

**18. (a) Signature of funeral director:** **Norman Leman**

**(b) Address:** **Miller**

**19. (a) 9-18-45** **(b) Dr. W. S. Handley**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Lawrence**  
 (c) City or town **Miller** **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
 (If rural, give location)  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August** day **17**  
 year **1945** hour **4** minute **25** P. M.

**21. I hereby certify that I attended the deceased from** **August 7th**, 19**45** to **Aug 17**, 19**45**.  
 that I last saw him alive on **Aug 17**, 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Tularemia** **2 wks**

Due to **Tick bite**

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

2 wks

**PHYSICIAN**

Major findings: Of operations

Of autopsy **260**

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:** **W. D. Cressway** (M. D. or other) **MD**

**Address:** **Springfield, Mo.** **Date signed:** **8/18/45**

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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, *L. R. Leiman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.**

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