

S. No. 2
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1956

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 14 1946

Registration District No. 7 Primary Registration District No. 4018 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rush Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Rush Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orpha J. Bradley
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James H. Bradley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 23 hr. min.

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

10. Usual occupation None

11. Industry of business _____

12. Name Louis Thomas
13. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Coneighty
15. Birthplace Mount Zion, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucinda Pearl
(b) Address Rush Hill, Mo.

17. (a) Burial (b) Date thereof Jan. 29, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia, Mo.

18. (a) Signature of funeral director Carl E. Pruch
(b) Address Mexico, Mo.

19. (a) Feb 1-46 (b) Mrs. Joe Carter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 20, 1945 to Jan 27, 1946
that I last saw her alive on Jan 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 mo.

Due to Arteriosclerosis

Due to advanced age

Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 30

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 2

23. Signature W. B. Prize (M. D. or other) Do.
Address Laddonia, Mo. Date signed 1-27-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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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.....

..... 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.