

Registration District No. 268

Primary Registration District No. 4396

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether in this community years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizebeth Bradshaw

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1946 hour 6 minute 05 A. M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

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

7. Birth date of deceased December 24 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1944 to 2-21-46 19____
that I last saw her alive on 2-14-46 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 1 27 -- hr. -- min.

Immediate cause of death T. B. Lungs 2 yr
Due to _____
Due to _____

9. Birthplace Portageville Mo.
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife
none

Major findings: None
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown unk. 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown ukn. 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Celia Powell

(b) Address Wardell, Mo.

While at work? _____
(Specify type of place) (e) Means of injury 1

23. Signature [Signature] (M. D. or other) _____
Address Wardell Mo Date signed 2-21-46

17. (a) Burial (b) Date thereof 2-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]

(b) Address Malden, Missouri

19. (a) 2-21-46 (b) Mrs. H. G. Thomas
(Date received local registrar) (Registrar's signature)

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

78
0
0

5533

278

2-46-51

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.....

..... Not Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed

J. W. Schaeffer

Licensed Embalmer No. 4086

P. O. Address Malden, 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.