No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1946

State File No. 14009

Registration District No. 270

Primary Registration District No. 3080

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Beltron S. Bradford

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Lina Bradford

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan (Month) 16 (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	2	27	..... hr. ..... min.

9. Birthplace Holiday (City, town, or county) Tenn (State or foreign country) 1

10. Usual occupation Merchant Clerk

11. Industry or business .....

FATHER
12. Name Whitney Bradford
13. Birthplace ..... (City, town, or county) unknown (State or foreign country) 1

MOTHER
14. Maiden name Maud Adams
15. Birthplace ..... (City, town, or county) unknown (State or foreign country) 1

16. (a) Informant D. D. Dodd 1

(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Little prairie Cemetery

18. (a) Signature of funeral director LaForge Mud. Co. 1

(b) Address Caruthersville Mo. 1

19. (a) 5-3-46 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1946 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Jan 8, 1946 to Apr 13, 1946;
that I last saw him alive on Apr 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Aleukemic Leukemia — Duration 4 years

Due to .....

Due to .....

Other conditions 74
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

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 0

23. Signature [signature] (M. D. or other)

Address Caruthersville Mo. Date signed 4/15/46

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(Licensed Embalmer's Statement on Reverse Side)

4-46-98

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. Neal C. Dean

Licensed Embalmer No. 3941

P. O. Address. Carthageville, 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.