

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 760

FILED FEB 5 1947
Registration District No. 108

Primary Registration District No. 2000

Registrar's No. 39

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: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs.
(Specify whether years, months or days)

In this community 6 hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1017 N. Rogers Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME DONALD DEAN 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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 12, 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>6 hr.</u> min.

9. Birthplace: Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Russell Bradley

13. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annabelle Williams

15. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Bradley

(b) Address 1017 N. Rogers, Spfd., Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director Fred G. Thome

(b) Address Springfield, Mo.

19. (a) 1-13-47 (Date received local registrar)

(b) W. E. Handley, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1947 hour 3:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 12 Jan to 13 Jan, 1947, and that death occurred on the date and hour stated above.

that I last saw him alive on 13 Jan, 1947.

Immediate cause of death Pneumonia - 5 1/2 months duration (Respiratory failure)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 139

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury 0

23. Signature W. E. Handley (M. D. or other) _____

Address Woodluff Bldg Springfield Date signed 13 Jan 47

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

111

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 Ralph H. Thomas
Licensed Embalmer No. 3681
P. O. Address Springfield, 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.