

S. No. 2
M-5-43
5-17-39
I X3667

State File No.

FILED APR 17 1947
Registration District No. 2947

Primary Registration District No. 3056

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, Mo.
(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 75 yrs 9 mo 22 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Bradley

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour II minute 10 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 12 1871
(Month) (Day) (Year)

Immediate cause of death
Natural Cause

Duration

8. AGE: Years Months Days If less than one day
75 9 22 hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Randolph Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions! _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name William Bradley
13. Birthplace Randolph Co.
(City, town, or county) (State or foreign country)
14. Maiden name Flora Obrian
15. Birthplace Randolph Co.
(City, town, or county) (State or foreign country)

Major findings:
Of operations 2000
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Charles Terril
(b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Apr 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Higbee Mo

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo.

19. (a) 4-7-47 (b) Travis L. Lowe
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Amos Maguider (acting coroner)
Address Moberly Mo Date signed 4-8-47

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

RECEIVED
District Health Officer No. 70
District File Number 4-47-670
Date Filed APR 15 1947

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 *E. W. Linnmouth*
Licensed Embalmer No. 3978
P. O. Address Glasgow 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.