

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 32

Primary Registration District No. 3006

State File No. _____
Registrar's No. 293

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

3. (a) PRINT FULL NAME GEORGE AUSTIN BRADFORD
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 Widowed
6. (b) Name of husband or wife Elizabeth Parker Bradford
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 - 7 - 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Physician

11. Industry or business _____

MOTHER FATHER
12. Name George Austin Bradford.
13. Birthplace Georgetown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Annie Smith
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Bradford
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1948
(Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) Nov 16 1948 (Date received local registrar) (b) Mrs. P. E. Palmer (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 15
year 1948 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Jan - 1947 to Nov - 15 - 1948
that I last saw him alive on Nov - 15 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 1 wk.
Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) _____
Major findings: Of operations ✓ 1302
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature F. C. Suggitt (M. D. or D. O.)
Address Columbia, Mo. Date signed 11-16-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 29 1948

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 Chas L. Waring
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.