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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 11 1947**  
Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2185  
Registrar's No. 16

Primary Registration District No. 3061

1. PLACE OF DEATH:  
(a) County St. Francis  
(b) City or town Flat River, 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 years  
years, months or days

3. (a) PRINT FULL NAME Edward J. Bradley  
3. (b) If veteran, name war world war I 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race W  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Roma Bradley 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased May 1st 1896  
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Flat River, mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Labourer

12. Name Frank Bradley

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Tempa Bannister

15. Birthplace St. Francis, MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Roma Bradley

(b) Address Flat River, mo

17. (a) Burial (b) Date thereof 1-11-1947  
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis

18. (a) Signature of funeral director Baldwell Bros

(b) Address Flat River, mo

19. (a) 1-27-46 (b) Edith Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francis  
(c) City or town Flat River, mo 94  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 5  
(e) Citizen of foreign country? no (Yes or No) 2  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th  
year 1947 hour 6 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 8  
\_\_\_\_\_, 1947, to Jan 9, 1947  
that I last saw him alive on Jan 9, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 8 hrs.  
Due to Coronary artery disease 2 yrs.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy glt

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 J. L. Foster (M. D. or other) \_\_\_\_\_  
Address Desloge, MO Date signed 1-25-47

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

MOTHER FATHER

289

MAR 19 1947

APR 8 1947

RECORDED

Officer No. 4

247-214

2-10-47

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

W. A. Baldwin

Licensed Embalmer No.

3317

P. O. Address

Flat River on

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.