

FILED MAY 13 1944

Registration District No. _____

Primary Registration District No. 3059

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Route 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 mo.
years, months or days

3. (a) PRINT FULL NAME RICHARD BRADLEY
3. (b) If veteran, name war V
3. (c) Social Security No. V

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cora Bradley
6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased May 15 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 7 hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business _____
12. Name Frank Bradley
13. Birthplace Yorkwood Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Hartman
15. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Benson
(b) Address Bonne Terre 770 R. 2
17. (a) Burial (b) Date thereof April 25, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation K.P. Lemitar, St. Francois
18. (a) Signature of funeral director Seaborn Bond Co.
(b) Address 313 Seaborn Bond Bldg. Bonne Terre
19. (a) 5-4-44 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Cathlamet Mo 94
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23rd
year 1944 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from May 1940 to April 23 1944
that I last saw him alive on 4-23
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral pneumonia
Duration 6 mo

Due to _____
Due to _____
Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death) multiple abscess

MAJOR FINDINGS:
Of operations _____
Of autopsy 469

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 _____
23. Signature N. P. Gault (M. D. or other)
Address DeSloge Date signed 4-25-44

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WRITE PLAINLY—USE UNFADING INK

RECEIVED 5-13-44

District Health Officer No. 4
District File Number 544-38
Date Filed 5-13-44

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 *O. J. Claywell*
Licensed Embalmer No. 3706
P. O. Address *Bonne Terre 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.