

Registration District No. 2

Primary Registration District No. 5780

1. PLACE OF DEATH

(a) County Demiseet
(b) City or town Bragg City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phicola sup
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseet
(c) City or town Bragg City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour _____ minute 2⁴⁵ P. M.

21. I hereby certify that I attended the deceased from June 10
_____, 1942 to July 15, 1942;
that I last saw he alive on July 1, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary artery
1 yr.

Due to _____
Due to _____
Other conditions HSA
(Include pregnancy within 3 months of death)

Major findings:
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? _____

(Specify type of place) _____
(e) Means of injury C

23. Signature W. J. Cole (M. D. or other) _____
Address Bragg City, Mo. Date signed 7-15-42

3. (a) PRINT FULLNAME Joyce Wade
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife William Wade 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 24, 1912
(Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Bragg City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name Thomas Hawks
13. Birthplace Morrison County, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Elfie Shelton
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Wade
(b) Address Bragg City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/42
(Month) (Day) (Year)
(c) Place: burial or cremation Hazel Cemetery - Kennett
18. (a) Signature of funeral director EMERSON BUTTS FUNERAL HOME While at work? _____ (Specify type of place)
(b) Address Hornersville Mo. (c) Means of injury _____
19. (a) 7/30/42 (Date received local registrar) (b) Mrs. J. R. Cole (Registrar's signature)

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

78
0
0

78

0

071

8-42-10

DEC 1 3 1912

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.....

Licensed Embalmer No.....

P. O. Address.....

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.