

FILED JAN 10 1947

Registration District No. _____

Primary Registration District No. 5517

Registrar's No. 241

1. PLACE OF DEATH

(a) County Henry
(b) City or town Calhoun Mo RR # 1 Tebo Prop.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Calhoun Mo RR # 1
(If outside city or town limits, write "RURAL")
(d) Street No. Tebo Prop.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced wid
(b) Name of husband or wife James (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name James D Bragg
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Collins
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Alfred Cecil
(b) Address Calhoun RR # 1 Mo
17. (a) Burial (b) Date thereof 12-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tebo Cem

18. (a) Signature of funeral director Consuelo Speck
(b) Address Clinton Mo

19. (a) December 29 1943 (b) Georgia Vitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 1943 hour 1 minute 0 P. M.
21. I hereby certify that I attended the deceased from 12-23
1942 to 12-27 1943
that I last saw her alive on 12-27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza & Pneumonia Duration 3 da

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

Major findings: Of operations _____
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 J. H. [unclear] (M. D. or other) M.D.
Address Clinton Mo Date signed 12-27-43

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

District Health Officer No. 7,
District File Number 12-43-1437
Date Filed 1-6-44

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.....

J. E. Conroy
.....
Licensed Embalmer No. 1891

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.