

FILED AUG 10 1944

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Bragg City Rural
(c) Name of hospital or institution: Paradeau
(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 Mo (b) County Pemiscot
(c) City or town Bragg City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME

Imaguan Bodkin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
(a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Dec 18 1925
(Month) (Day) (Year)

8. AGE: Years 18 Months 7 Days 10 If less than one day _____
hr. _____ min. _____

9. Birthplace Bradford Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Home War

MOTHER FATHER

11. Industry or business _____

12. Name Tom Bodkin

13. Birthplace Bradford Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Martha Council

15. Birthplace Greenville Tenn
(City, town, county) (State or foreign country)

16. (a) Informant Arthur Hattwood

(b) Address Bragg City R. 1

17. (a) Burial (b) Date thereof 7-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Kenneth Cole

(b) Address Funeral Home

19. (a) Aug 4-44 (b) Mrs J. R. Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-4-44 to 2-26 1944
that I last saw him alive on 2-26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 3 yrs

Due to _____
Due to _____

Other conditions (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?

While at work? _____ (Specify type of place)
Means of injury 2

23. Signature P. R. Kohler (M. D. or other) DD
Address Pemiscot Date signed 8-2-44

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

78000

7-44-163

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.