

FILED JAN 6 1949

Registration District No. **70**

Primary Registration District No. **4124**

1. PLACE OF DEATH:

(a) County **Clatsop**
(b) City or town **Kahoko**
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clatsop**
(c) City or town **Kahoko**
(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 _____

3. (a) PRINT FULL NAME

Charles D. Bragg

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** | 5. Color or race **W** | 6. (b) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Alma Bragg** | 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **May - 1 1876**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **3** If less than one day hr. min.

9. Birthplace **Schulyer Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Construction work**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Bragg**
13. Birthplace **Jenness**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret A. Bowser**
15. Birthplace **Jenness**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Alma Bragg**
(b) Address **Kahoko Mo**

17. (a) **Burial** (b) Date thereof **12-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kahoko Cemetery**

18. (a) Signature of funeral director **Fred Karle**

(b) Address **Kahoko Mo**

19. (a) **12/30-48** (b) **J. H. Bridges**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4th**
year **1948** hour **11** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Dec 1**, 1948 to **Dec 4**, 1948
that I last saw him alive on **Dec 4**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration **6 mo.**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **936**

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) **2**
While at work? (c) Means of injury _____

23. Signature **Perry S. Barton** (M.D. or other) **Do.**
Address **Kahoko Mo** Date signed **Dec 5, 1948**

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

RECEIVED

District Health Officer No. 10

District File Number 1-49-29

Date Filed JAN 4 - 1949

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..... Fred J Karle.....

Licensed Embalmer No. 1023

P. O. Address..... Kahoka 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.