

MAILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15404

Registration District No. 652

Primary Registration District No. 5876

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Demise
(b) City or town Rural - Braggadoin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 1/2 miles E. of Braggadoin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 51 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demise
(c) City or town Rural - Braggadoin
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles E. of Braggadoin
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour 6 min. 00 P.M.

21. I hereby certify that I attended the deceased from 4/24/41
1941, 19 4/24, 19 41
that I last saw him alive on 4/23, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of heart
Due to Don't know

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Rosa Lee Waldrop

3. (b) If veteran, name war X 3. (c) Social Security No. 2

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John J. Waldrop 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 2, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Milwau, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Thomas Kirkman

13. Birthplace Madison, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Maryfield

15. Birthplace Madison, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. Waldrop

(b) Address Braggadoin, Mo

17. (a) Burial (b) Date thereof 4/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southern Bell Co. Co

18. (a) Signature of funeral director La Forge and Co

(b) Address Capitola, Mo

19. (a) 4/27/41 (b) Pearl Kelly
(Date received local registrar) (Registrar's signature)

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?
946 (Specify type of place) _____
While at work _____ (a) Means of injury _____
23. Signature J. D. Denton (M. D. or _____)
Address Wagti, Mo Date signed 4/25/41

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

5-41-8

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.....

Not Embalmed

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: