S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36492

Registration District No. 1 Primary Registration District No. 3220 Registrar's No. 322

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

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stickler's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 Weeks (Specify whether years, months or days)
In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Rural (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: LOUSIA CATHERINE BRAGG
3. (b) If veteran, name war: LOUSIA
3. (c) Social Security No.
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: Elmer P. Bragg
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: 7 (Month) 7 (Day) 1857 (Year)

8. AGE: Years 85 Months 9 Days 8 If less than one day hr. min.

9. Birthplace: Adair County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
MOTHER FATHER
12. Name: Jacob Kohlmyer
13. Birthplace: (City, town, or county) Germany (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: A. C. Bragg
(b) Address: Novinger Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park
18. (a) Signature of funeral director: Simmons & Powell
(b) Address: 115 W. Jefferson
19. (a) 11/20/42 (Date received local registrar) (b) Mrs. J. H. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1942 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from October Seventh 1942 to Nov. 15 1942 that I last saw her alive on Nov. 15 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myeloid Leukemia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death) N/A	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. O. Stickler (M. D. or other) MD
Address: Kirksville Mo Date signed 11-15-42

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-42-4057
Date Filed Dec-10-1942

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.