

V. S. No. 2
50M-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. F. Taylor
State File No. _____
Registrar's No. 84

FILED JAN 11 1942
Registration District No. 287

Primary Registration District No. 5900

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Braggadocio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Cagle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 23 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Eddieville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Unknown - Cole
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. E. Bibbs

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof II/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 11-30-42 (b) Mrs. G. L. Spivey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Braggadocio
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th,
year 1942 hour I minute 25 A.M.

21. I hereby certify that I attended the deceased from March 1940 to Nov. 20 1942
that I last saw him alive on Nov. 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Heart Disease - Myocardial INSUFFICIENCY
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 lb
Major findings: Of operations _____
Of autopsy _____

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? ✓
White at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature E. L. Taylor (M. D. or other) MD
Address St. Louis, Mo. Date signed 11-26-42

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

1327

(Licensed Embalmer's Statement on Reverse Side)

1-6-43

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.....

Body was not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No..... 4185

P. O. Address..... Caruthersville, 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.