

FILED FEB 15 1943  
Registration District No. 153019

Primary Registration District No. 4527

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Bronaugh  
(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 55 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: Vernon, Mo

(a) State Missouri (b) County Howard

(c) City or town Bronaugh  
(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) Prinda Bertude Kingate  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th  
year 1942 hour 3:30 minute 10-40

21. I hereby certify that I attended the deceased from Nov. 1st to Dec. 29th, 1942  
that I last saw her alive on Dec. 29th, 1942  
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race m

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ralph Kingate

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov 5 1877  
(Month) (Day) (Year)

Immediate cause of death: Apoplexy  
Rheumatism, Puffamatory 5 year

Due to Childbirth

Due to Senility  
Had long hemorrhage probably

Other conditions goutic ulcer  
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 11 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pettis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Luther Cement

13. Birthplace Not known, Ind. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Cement

15. Birthplace Pettis Co Missouri  
(City, town, or county) (State or foreign country)

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph Kingate

(b) Address Bronaugh Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereon Jan 1-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Meropa Mo

19. (a) Jan 13, 1943 (Date received local registrar)

(b) Elesener Ludwig (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place)

(e) Means of injury No

23. Signature J. R. Bell (M. D. or other)

Address Lebanon Mo. Date signed 1/13/43

RECEIVED

District Health Officer No. 7,

District File Number 1-43-85

Date Filed 2-8-43

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 me me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.