

No. 2  
5-42  
5-17-39  
FILED  
26  
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4

JUL 10 1943 47

Registration District No. **47**

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County **Cole**  
(b) City or town **Jefferson City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **216-ME Kinley**  
(If not in hospital or institution, write street number or locality)  
(d) Length of stay: In hospital or institution **5 minutes** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joe Ann Puckett**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **47**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Child**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 10 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
hr. **5** min.

9. Birthplace **Jefferson City Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business **Child**

12. Name **Chester Puckett**

13. Birthplace **Cole County Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Sawyer**

15. Birthplace **Stanton Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chester Puckett**

(b) Address **216-ME Kinley**

17. (a) **Burial** (b) Date thereof **6-10-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **James Lewis**

(b) Address **700 Jefferson**

19. (a) **6-11-43** (b) **Thoma Richter**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**  
(c) City or town **Jefferson City** (If outside city or town limits, write "RURAL")  
(d) Street No. **216-ME Kinley** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**  
year **1943** hour **6** minute **40** P.M.

21. I hereby certify that I attended the deceased from **June 10** 19**43** to **June 10** 19**43**  
that I last saw her alive on **June 10** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **none closure of paramen ovary**

Due to **Premature birth 8 mo gestation**

Due to **1572**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1572**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **James A. Hill** (M. D. or other)

Address **Jefferson City, Mo** Date signed **6-11-43**

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

MOTHER FATHER

8747

381

0102

77

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.

*Body was not embalmed.*

Signature *J. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jemo*

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.

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