

FILED MAR 22 1945
Registration District No.

Primary Registration District No. 3016

Registrar's No. 52

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 years
(Specify whether years, months or days)

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. 407 - W - Madison
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Fredrick Puckett

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 5
year 1945 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 10 1945 to March 5 1945
that I last saw him alive on March 4 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louetta 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 26 1881
(Month) (Day) (Year)

Immediate cause of death Acute Nephritis with Uremic Coma

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Judicial Inquest
Normal Bilateral

Of autopsy.....

8. AGE: Years 64 Months 10 Days 6
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Calvin Puckett

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

14. Maiden name Mary Jane Brown

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

16. (a) Informant Mrs. Louetta Puckett

(b) Address 407 - W - Madison

17. (a) Burial (b) Date thereof 3-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reverend

18. (a) Signature of funeral director Therman Richter

(b) Address 200 Jefferson

19. (a) 3-9-45 (b) Therman Richter
(Date received local registrar) (Registrar's signature)

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 J. B. Bruce (M. D. or other) AD
Address Jefferson City Mo. Date signed 3/7/45

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

66
-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-21-45

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 [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

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.

MAY 7 1945