S. No. 2
M—5-43
. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32978

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 211

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: 803 W. Pierce 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 803 W. Pierce 3
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ray Bragg
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alma Moyer Bragg
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: June (Month) 6 (Day) 1882 (Year)
8. AGE: Years 63 | Months 2 | Days 25 | If less than one day: hr. min.
9. Birthplace: Adair Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Allie Bragg
FATHER 13. Birthplace: Unknown (City, town, or county) Kentucky 1 (State or foreign country)
MOTHER 14. Maiden name: Milanda Kohlmyer
MOTHER 15. Birthplace: Unknown (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Mrs. Alma Bragg
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Temple Cemetery
18. (a) Signature of funeral director: D. E. Riley
(b) Address: Kirksville, Missouri
19. (a) 9-18-45 (Date received local registrar) (b) Mrs. G. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1945 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from July 4, 1945, to Sept. 1, 1945; that I last saw him alive on Aug 31, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure. Died suddenly. — Duration:
Due to: Chronic heart disease
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: 950 v

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: 2

23. Signature: [illegible] (M. D. or other) D.O.
Address: Kirksville Mo. Date signed: 9/17/45

1614

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-45-1543
Date Filed OCT 17 1945

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 D E E Riley

Licensed Embalmer No. 4141

P. O. Address Kirkville 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.