

S. No. 2
M-8-43
v. 5-17-39
X37823

37583

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1946

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Lawrence Co. Mo.
(b) City or town Merse City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence Co.
(c) City or town Merse City
(If outside city or town limits, write "RURAL")
(d) Street No. 11 E. Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ocie Nellie 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 Widow

6. (b) Name of husband or wife Charlie Cagle

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

7. Birth date of deceased March 31 1876
(Month) (Day) (Year)

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 27
2 1946 to Nov 28 1946
that I last saw her alive on Nov 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 11 hours

8. AGE: Years 70 Months 7 Days 27 If less than one day _____ hr. _____ min.

Due to Diabetes mellitis years _____
Due to _____

9. Birthplace Lawrence Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings:

Of operations 1
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name Dallas Pruitt

13. Birthplace Allen Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Seraphtha Warrington

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

16. (a) Informant Herbert Cagle

(b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof Nov. 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cem Exeter, Mo.

18. (a) Signature of funeral director Blankman

(b) Address Monett, Mo.

19. (a) Dec. 4-46 (b) Doc Mcnelt
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Doc Mcnelt (M. D. or other) DO.
Address Merse City, Mo. Date signed 12-29-46

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

MOTHER FATHER

157

RECEIVED
District Health Officer No. 6,
District File Number 1246-1224
Date Filed DEC 10 1946

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.....

L. H. Blankenship....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. H. Blankenship*.....

Licensed Embalmer No. *2397*.....

P. O. Address *Monett, 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.