

No. 2  
1-2-43  
5-17-39  
X32697

FILED DEC 3 1947  
Registration District No. **2425**

Primary Registration District No. **5976**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove Mo R3  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural Jackson Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Walnut Grove R3  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Jackson Township  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse Bradson Cable

(b) If veteran name war NIL

(c) Social Security No. nih

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1947 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 24 1947 to Nov 24 1947; that I last saw him alive on Nov 24 and that death occurred on the spot and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased: Nov 27 1862  
(Month) (Day) (Year)

Immediate cause of death Stroke of Paralysis  
2 strokes

Due to Senility

8. AGE: Years Months Days If less than one day

85 ✓ ✓ hr. min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

MOTHER FATHER

11. Industry or business General farmer

12. Name John R. Noble

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

14. Maiden name Mary K. Stokes

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

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? \_\_\_\_\_

16. (a) Informant Ma F. Owen

(b) Address Walnut Grove Mo

17. (a) General (b) Date thereof Nov 30 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trukey Grove Cemetery

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

23. Signature J. J. [unclear] (M. D. or other) \_\_\_\_\_

Address Walnut Grove Mo Date signed 11/28/47

18. (a) Signature of funeral director Jesse A. Brown

(b) Address Walnut Grove Mo

19. (a) Nov 29 47 (b) Lillie Fralger  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 7,  
11-47-1381  
12-2-47

DEC 9 1947

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 Rex Miller, Registered Apprentice No. 477, working under my personal supervision.

Signed Gene A. Bern

Licensed Embalmer No. 7667

P. O. Address Went Gen 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.