

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1948

**THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11192
State File No. _____

Registration District No. 325 Primary Registration District No. 4478 Registrar's No. 12

1. PLACE OF DEATH:
(a) County DeSauyers
(b) City or town Lancaster, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓ (Specify whether _____)
In this community 73 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeSauyers
(c) City or town Lancaster
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Morgan Bragg
3. (b) If veteran, name war: ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Mar day 27 year 1948 hour 9 minute 0 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Elmora Bragg 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 14 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1948 to Mar 27 1948; that I last saw him alive on Mar 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

Due to Asthma
Chronic Respiritis

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

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

10. Usual occupation Farmer

Major findings: Of operations 13/B
Of autopsy _____

11. Industry or business _____

12. Name George Bragg (City, town, or county) Mo. (State or foreign country)

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

14. Maiden name Margaret Warran (City, town, or county) Mo. (State or foreign country)

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

16. (a) Informant Mrs. Mahel Spurgeon
(b) Address Lancaster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-48
(Month) (Day) (Year)

(c) Place: burial or cremation Grass Memorial

18. (a) Signature of funeral director Russell Benton
(b) Address Lancaster Mo.

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? _____

19. (a) Mar 29 1948 (b) Mrs. D. J. Drake
(Data received from) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo. Date signed 3/27/48

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

MOTHER FATHER

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

RECEIVED
District Health Officer No. 1
District File Number 4-48-616
Date Filed APR -7 1948

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 Purcell Fenton
Licensed Embalmer No. 3705
P. O. Address Lancaster, 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.