. No. 2
—1/47
5-17-39

49
1
3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26753

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 190

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town CARTHAGE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 S. FULTON 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 23 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 316 S. Fulton 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME SOL BRAGG

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Pansy
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March (Month) 15 (Day) 1866 (Year)

8. AGE: Years 82 Months 5 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Topeka (City, town, or county) Kans (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

16. (a) Informant Mrs. C. L. Reed
(b) Address Springdale Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetary - Joplin
18. (a) Signature of funeral director Hurlbut-Glover, Mort
(b) Address 422 Sgt Joplin Mo
19. (a) 8-18-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature) 129 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 10, 1948, to Aug 15, 1948;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

PHYSICIAN
Underline the cause of 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 C. C. Evans (M. D. ~~or other~~)
Address Joplin Mo Date signed 8-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-8-712

SEP 15 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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.