

Registration District No. **271**

Primary Registration District No. **5911**

Registrar's No. **10**

1. PLACE OF DEATH:  
(a) County **Demiseat**  
(b) City or town **Bragg City - Rural -**  
(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 **2 years -** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Demiseat**  
(c) City or town **Bragg City - Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **on Hwy 84-1-M. E. Burkville**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **William Pleasant Mc Nutt**  
3. (b) If veteran, name war **No -**  
3. (c) Social Security No. **490-28-5916**  
4. Sex **M** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Anna Mae Mc Nutt**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Aug 3 - 1871**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **25** year **51** hour **10** minute **15** M.  
21. I hereby certify that I attended the deceased from **August 10<sup>th</sup>** 19**48**, to **August 25** 19**48**, that I last saw him alive on **August 25** 19**48**, and that death occurred on the date and hour stated above.  
Immediate cause of death **Uremic poisoning**  
Duration **10 days**

8. AGE: Years **77** Months **0** Days **22** If less than one day hr. min.

Due to **Enlarged prostate gland probably carcinomatous**  
Due to.....  
Other conditions.....  
(Includes pregnancy within 3 months of death)

9. Birthplace **Independence Ark - 1**  
(City or county) (State or foreign country)  
10. Usual occupation **Watchman**  
11. Industry or business **Construction Materials**  
12. Name **Dep. W. Mc Nutt**  
13. Birthplace **Winkburne Ala**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth W. Ware**  
15. Birthplace **Winkburne Ala**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations **510**  
Of autopsy.....  
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.....

16. (a) Informant **W. W. Mc Nutt**  
(b) Address **R-1 Bragg City, Mo**  
17. (a) **Burial** (b) Date thereof **Aug 27 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Cardwell, Mo**  
18. (a) Signature of funeral director **James H. Christian**  
(b) Address **Kennett, Mo**  
19. (a) **Sept 3 1948** (b) **Mrs. Annie Turner**  
(Date received local registrar) (Registrar's signature)

23. Signature **John H. Christian, D. O.**  
Address **603 First St, Kennett, Mo** Date signed **8-28-48**

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

MOTHER FATHER

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

9-48-245

OCT 5 1948

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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

*J. P. Balman*

Licensed Embalmer No.

*2556 -*

P. O. Address

*Kenett, 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.