

FILED JUL 9 1943
Registration District No. 137

Primary Registration District No. 5508

Registrar's No.

124

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural - Deepwater Twp
(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..... 1 yr. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deepwater
(c) City or town Rural
(If outside city or town limits, write "RURAL"
(d) Street No. Deepwater Twp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

Henry 43
Deepwater 9

3. (a) PRINT FULL NAME Paulina G. Hragg

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elyah Malcolm 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased April 19 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Thomas Cathey
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Rev. G. L. Faulkner

(b) Address Montrose, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Holy Well Cem.

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City, Mo.

19. (a) June 18 1943 (Date received local registrar) (b) Georash Kitcher (Registrar's signature) G.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 19 1938 to June 15 1943
that I last saw her alive on June 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cor. myocarditis

Due to arterio-sclerosis

Due to
Other conditions (include pregnancy within 3 months of death) 93d

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to 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?

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

23. Signature W. E. Baggerly (M. D. or other) MD.
Address Montrose Mo. Date signed 6-17-43

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

Handwritten notes at top left, possibly "part of" and "mitosage".



*21 ... 88
21 ...*

Handwritten notes below the stamp area.

RECEIVED
District Health Officer No. 7,
District File Number 6-43-641
Date Filed 7-8-43

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, ~~only~~

....., Registered Apprentice No.

working under my personal supervision.

Signed *N. J. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton 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: