

REC'D JUN 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19090
Do not use this space.

1. PLACE OF DEATH *Jennisco*

(a) County *Jennisco* Registration District No. *651*

(b) Township *Caruthersville* Primary Registration District No. *4388*

(c) City *Caruthersville* (d) Street No. _____ Registered No. *53*

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *unnamed Champion* *515*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 25, 1938*

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|----------|----------|----------|----------------------------------|
| | <i>0</i> | <i>0</i> | <i>0</i> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as saw mill, bank, etc. *✓*

10. Date deceased last worked at this occupation (month and year) *✓*

11. Total time (years) spent in this occupation *✓*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Caruthersville Mo.*

FATHER

13. NAME *John Champion*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hauth Mo.*

MOTHER

15. MAIDEN NAME *Myrtle Haney*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Little Rock, Ark.*

17. INFORMANT (ADDRESS) *John Champion Caruthersville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE *Caruthersville Mo. 5/28/38*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Friends Caruthersville, Mo.*

20. FILED *7/31* *138 Ada Martin* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 28, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 28, 1938*, to *May 28, 1938*

I last saw him *alive* on *May 28, 1938*, 19... Death is said to have occurred on the date stated above, at *12:11 p.m.*

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset _____

Other contributory causes of importance: *undetermined*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19... Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) *J. W. Chipp* M. D. (Address) *Caruthersville, Mo.*

STATEMENT TO QUALIFY EMBALMER LICENSE
OF THE STATE OF CALIFORNIA
STATE OF CALIFORNIA

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.