

REC'D JUN 24 1939

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

19913
Do not use this space.

1. PLACE OF DEATH

(a) County Scotland
(b) Township E. Jefferson
(c) City Memphis, Mo.

Registration District No. 810
Primary Registration District No. 4478

Registered No. 28

(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

(a) Residence, No. 520 Prudence Catherine Hines St. (Usual place of abode, if no street address, write county or city) (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 7 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 1
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME Ben M. Franklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir

MOTHER 15. MAIDEN NAME Phoebe Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Miss Mary Chancellor
Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis DATE May 19, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. Parsons
Memphis, Mo.

20. FILED June 30, 1939 E. E. Parish
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 39

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to May 15, 1939
I last saw her alive on May 15, 1939 Death is said to have occurred on the date stated above, at 6 P. m.

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

Cerebral Hemorrhage Date of onset 5/15
High Blood Pressure
Other contributory causes of importance:

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) James A. Mitchell, M. D.
Address Memphis

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39991

Date Filed 6-9-39

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,

Neal Payne

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.