

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

29862
Do not use this space.

REC'D SEP 20 1939

1. PLACE OF DEATH

(a) County jemiscot Registration District No. 651
 (b) Township _____ Primary Registration District No. 4388
 or _____
 (c) City Caruthersville (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Dellinger Farm St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) 8-4-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 9 hrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Caruthersville (STATE OR COUNTRY) Mo.

FATHER 13. NAME Lester Prince

14. BIRTHPLACE (CITY OR TOWN) Caruthersville (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Rhea Moore

16. BIRTHPLACE (CITY OR TOWN) Lilbourn (STATE OR COUNTRY) Mo.

17. INFORMANT Lester Prince (ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 8-5-1939

19. FUNERAL DIRECTOR (NAME) H. S. Smith (ADDRESS) Caruthersville Mo

20. FILED Aug 8 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-1939

22. I HEREBY CERTIFY, That I attended deceased from 8-4-1939, to 8-4-1939

I last saw her alive on 8-4-1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Premature Birth
 Date of onset 13 H
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____

(Signed) J. R. Prinson, M. D.
 (Address) Caruthersville, Mo.

Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer, No. 3

District File Number 939-5

Date Filed 9/6/3

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.