

REC'D SEP 20 1939

Registration District No. _____

Primary Registration District No. 5862

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Remick
(b) City or town near Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Local Unknown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Steve Hoskins

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced, unknown

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if _____ live _____ years

7. Birth date of deceased Jan 1 - 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Water Valley, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Painting

11. Industry or business Farm

MOTHER FATHER { 12. Name Crist Hoskins

13. Birthplace Miss
(City, town, or county) (State or foreign country)

14. Maiden name Dagys Pope

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack Hoskins

(b) Address Caruthersville Mo R1

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove Cemetery

18. (a) Signature of funeral director Ed Smith

(b) Address Caruthersville Mo

19. (a) Aug. 28, 1939 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Remick
(c) City or town near Caruthersville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R.F. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 25
year 1939 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from once
only, Aug 25, 1939, to _____ 19____;
that I last saw him alive on dying Aug 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration _____

Due to Probably exhaustion from old age

Due to _____

Other conditions 162
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____

Of operations _____

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? _____

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

28. Signature Joseph M. Cookfield (M. D. or other) _____

Address Caruthersville Mo Date signed 8-17

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. 3

District File Number 939-50

Date Filed 9/6/39

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, 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 the above constitutes grounds for revocation of license.)

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