

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

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.

STANDARD CERTIFICATE OF DEATH

Dr. Division
36838
State File No. _____

772
Registration District No. 6 **NOV 15 1939**

Primary Registration District No. 5862

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Penniscot - Little River
 (b) City or town near Caruthersville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 525 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Mo (b) County Penniscot
 (c) City or town Caruthersville R 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Manda Dunnigan
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
 year 1939 hour 2 minute _____ A. M.
 21. I hereby certify that I attended the deceased from Oct 28
 _____, 1939, to Oct 29, 1939.
 that I last saw her alive on Oct 28
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10-28-
 (Month) (Day) (Year)

Immediate cause of death Premature Birth
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Duration _____

8. AGE: Years 0 Months 0 Days 1
 If less than one day _____ hr. _____ min.
 9. Birthplace Penniscot Missouri
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name Therman Dunnigan
 13. Birthplace Mo (City, town, or county) (State or foreign country)
 Maiden name Therman Dunnigan
 15. Birthplace Caruthersville (City, town, or county) (State or foreign country)

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. R. Division (M. D. or other) _____
 Address Caruthersville, Mo. Date signed 10-29-39

16. (a) Informant's own signature Therman Dunnigan
 (b) Address Caruthersville R 1
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Special, cremation, or removal)
 (c) Place: burial or cremation Waco, Tenn
 18. (a) Signature of funeral director A. S. Smith
 (b) Address Caruthersville
 19. (a) Oct 30, 1939 (b) Ada Martin
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 3,

District File Number 1139-63

Date Filed 11/7/39

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 with the above constitutes grounds for revocation of license.)

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