

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

44224

Registration District No.

65-1

Primary Registration District No.

4388

Registrar's No.

137

1. PLACE OF DEATH:

- (a) County Pemiscot 2
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1200 Ward Avenue
(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

Lula J. Allen 450

3. (b) If veteran,

name war

X

3. (c) Social Security

No.

X

4. Sex

Female

5. Color or race

White

6. (a) Single, widowed, married,

divorced unmarried

6. (b) Name of husband or wife

George J. Allen

6. (c) Age of husband or wife if

alive X years

7. Birth date of deceased

February 24, 1878

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

61

9

14

hr.

min.

9. Birthplace

Smithville, Arkansas

(City, town, or county)

(State or foreign country)

10. Usual occupation

housework

11. Industry or business

at home

12. Name

Joseph Edgar Bratcher

13. Birthplace

Lawrence County, Ark.

(City, town, or county)

(State or foreign country)

14. Maiden name

Anderson

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

L. J. Allen

(b) Address

Caruthersville, Mo.

17. (a)

Burial

(b) Date thereof

12/10/39

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Caruthersville, Mo.

18. (a) Signature of funeral director

J. B. Latham

(b) Address

Caruthersville, Mo.

19. (a)

Dec. 30, 1939

C. A. Martin

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 Ward Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1939 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from Nov 15th
1939, to Dec 8th, 1939
that I last saw her alive on Dec 7th
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Throat

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

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 _____

23. Signature

Caruthersville

(M. D. or other)

Address

Date signed

RECEIVED

District Health Officer No. 3,

District File Number 140-813

Date Filed 1/19/46

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.....

J. G. Schaeffer

Licensed Embalmer No. 4086

P. O. Address Cannonsville, MD

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.