No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7635

Registration District No. 653 Primary Registration District No. 4390 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 516
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Hayti
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Daisy Thinberry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12-24-1879 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)

10. Usual occupation House work 9

11. Industry or business RR

FATHER
12. Name Dont Know 9
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Arlie Thinberry
(b) Address Hayti Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-6-40 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H S Smith
(b) Address Caruthersville Mo

19. (a) 2/7/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1940 hour 2 minute 15 A M.

21. I hereby certify that I attended the deceased from Feb. 1, 1940 to Feb. 5, 1940
that I last saw her alive on Feb. 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Coma	
Due to	
Due to 54	
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? (Specify type of place)
(e) While at work? (e) Means of injury

946

23. Signature A S Shirley (M. D. or other) 1
Address Hayti, Mo. Date signed 2-5-40

(Licensed Embalmer's Statement on Reverse Side)

13-2-40

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.