

Registration District No. 1940
623

Primary Registration District No. 43 5864

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Puniscent
(b) City or town near Eagle Pass
(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
years, months or days

8. (a) PRINT FULL NAME Robert B. Mick II
3. (b) If veteran, name war 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife ms. Myrtle Mick 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 4-2-1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation meat cutter

11. Industry or business meat market

12. Name Robert B. Mick I

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

14. Maiden name Margy Brunty

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

16. (a) Informant Robert Mick II
(b) Address Caruthersville Mo

17. (a) Burial (b) Date thereof 2-17
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director J. H. Smith
(b) Address Caruthersville Mo
19. (a) 2/17/40 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Puniscent
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No 207 Fifth
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident this man was hit while walking on Highway 84 by a car.

Due to Both legs Broken arms and possibly his neck

Due to _____

Other conditions (Include pregnancy within 3 months of death) 71 71

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-15-1940

(c) Where did injury occur? Highway (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway

(e) Means of injury Drunk

23. Signature Jack Kelley (M.D. or other) Coroner
Address Highway Mo Date signed 2-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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HS

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.