Dup of 11926-40

15666

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 651 Primary Registration District No. 4388 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 511 Walker Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 511 Walker Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Elmer Hazel 240

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 Susie Hazel

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. (Month) 3 (Day) 1881 (Year)

8. AGE: Years 58 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Crittenden Co. (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name James R. Hazel
13. Birthplace Union Co. (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Letha Moore
15. Birthplace Crittenden Co. (City, town, or county) Ky. (State or foreign country)

16. (a) Informant's own signature Gilbert Hazel

(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director La Forge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) April 18-40 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 1, 1938, to April 9, 1940 that I last saw him alive on April 8, 1940, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac insufficiency	2 yrs.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. J. Aquino (M. D. ~~or other~~)

Address Caruthersville, Mo. Date signed 4-15-40

(Licensed Embalmer's Statement on Reverse Side)

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.

5-40-15

11926 (1940)

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 wit the above constitutes grounds for revocation of license.)

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