

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Demicot
(b) City or town Caruthersville
(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 _____ (Specify whether)
In this community 1 da. years, months or days

8. (a) PRINT FULL NAME Carl Ray Etheridge
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3. (b) If veteran, name war _____ 8. (c) Social Security No. 1

4. Sex Male 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 4 28 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

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

10. Usual occupation _____

11. Industry or business 9

12. Name unknown

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

14. Maiden name Debecca Etheridge

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

16. (a) Informant George Etheridge

(b) Address Caruthersville Mo.

17. (a) Burial (b) Date thereof 4 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of general director [Signature]

(b) Address Caruthersville Mo.

19. (a) April 30, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demicot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. East 12th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1940 hour _____ minute A M.

21. I hereby certify that I attended the deceased from Apr 28
1940, to _____, 1940;

that I last saw him alive on Apr 28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Renaturity

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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?
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While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Caruthersville Mo. Date Apr 29/40

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

MOTHER {
FATHER {

PHYSICIAN

Underline the cause to which death should be charged statistically.

5-40-17

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.