FILED MAY 8 1940

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15672

State File No.

Registration District No. 651 Primary Registration District No. 4388 Registrar's No. 26

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No. 414 E 14th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Thompson 517

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Col 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 Dont Know (Month) (Day) (Year)

8. AGE: Years About 53 Months — Days — If less than one day hr. min.

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

10. Usual occupation Kause work

11. Industry or business ✓ 9

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

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

16. (a) Informant Isreal Ford
(b) Address Caruthersville Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 15-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Memphis Tenn

18. (a) Signature of funeral director Hayes Langston B/Co
(b) Address 699 N Second St Cly

19. (a) March 15, 1940 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Feb 5, 1940 to Mar 13, 1940, that I last saw her alive on 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene left foot	3 wks
Due to	
Due to arterial disease	
" Sclerosis	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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

5 85

23. Signature C F Cain (M. D. or other)
Address Caruthersville Date signed Mar 15/40

(Licensed Embalmer's Statement on Reverse Side)

4-40-16

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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 w the above constitutes grounds for revocation of license.)

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