

Registration District No. 1340657

Primary Registration District No. 5872

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot Contra Fwy  
(b) City or town Cooter 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 \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME

Nancy Patrick 362

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed, married,~~

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 18 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	6	_____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

12. Name M. Cole

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

14. Maiden name Juliette Shulette

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

16. (a) Informant Mrs Sue Brooks

(b) Address Cooter Mo

17. (a) Burial (b) Date thereof 1 25 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery, Holt Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Blytheville Ark

19. Filed 2-10-40 (b) Tom P. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot  
(c) City or town Cooter Mo  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1940 hour 7 30 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1940 to Jan 23 1940;  
that I last saw him alive on Jan 13 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Renal Disease

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? \_\_\_\_\_

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

23. Signature P. E. Cooper (M. D. or other) M.D.

Address Cooter, Mo. Date signed 1-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4-40-4

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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 with the above constitutes grounds for revocation of license.)**

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