No. 2
-10-39
7-39
MAY 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15696

Registration District No. 651 | Primary Registration District No. 5862 | Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural - Little Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South of Club Town (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 (Specify whether
In this community Life years, months or days) 12

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town "Rural" Little Prairie (If outside city or town limits, write "RURAL")
(d) Street No. R#1 Caruthersville Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Flora Mae Garrett

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

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

6. (b) Name of husband or wife Jack Garrett 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased 8 (Month) 30 (Day) 1919 (Year)

8. AGE: Years 20 Months 7 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Pemiscot Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Shoe Factory Worker
11. Industry or business Shoe Factory

FATHER
12. Name Hughie Holt
13. Birthplace Caruthersville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Annie Melvinia Luck
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Hughie Holt
(b) Address Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Little Prairie County
18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville Mo
19. (a) April 30, 1940 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 4 day 17 year 40 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 1 ....., 1939, to April 17, 1940 that I last saw her alive on Apr 17 1940, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	6 months
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

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23. Signature H. Cain (M. D. or other)
Address Caruthersville Mo Date signed Apr 29/40

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1944

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Cowlitzerville

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.