

FILED AUG 3 1940
Registration District No. 227

Primary Registration District No. 5405

State File No. _____

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dunklin (Clay) Mo
(b) City or town Rural
(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 9 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Green
(c) City or town Paragould
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Samuel Curtis Winn

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 8
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Curtis Winn
13. Birthplace Jonesboro Ark
(City, town, or county) (State or foreign country)
14. Maiden name Mondel Levine
15. Birthplace Paragould Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Winn
(b) Address Jonesboro Ark

17. (a) _____ (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French

18. (a) Signature of funeral director A. J. Emerson
(b) Address Paragould Ark

19. (a) 8/1/40 (b) L. B. Cape
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1940 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 12
1940 to May 21 1940
that I last saw him alive on May 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation
birth at 6 1/2 months
unable to feed him
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 154
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? _____

260 (Specify type of place) _____
While at _____ (c) Means of injury _____

23. Signature Dan H. Bond (M. D. or other) MD
Address Hornersville Mo Date signed 5/21/40

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

RECEIVED

District Health Officer No. 2,

District File Number 840-126

Date Filed 8/2/40

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.