

Registration District No. 290

Primary Registration District No. 5408

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

1. PLACE OF DEATH:

(a) County Dunklin  
 (b) City or town Arbuckle (Rural)  
 (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 Life  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA-D. WHITLOCK

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 Widow

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

7. Birth date of deceased Sep- 22nd 1865  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Paragould, Ark-1  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

12. Name E. M. D. Puckett

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

14. Maiden name unobtainable

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

16. (a) Informant Martha Malone

(b) Address Arbuckle, Mo R 70+

17. (a) Burial (b) Date thereof 7/26/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lula Cemetery

18. (a) Signature of funeral director W. H. Howard

(b) Address Lackville, Ark

19. (a) Aug 2-1940 (b) A. D. McDaniel  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
 (c) City or town Seventh  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th  
 year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 24  
July 24, 1940, to \_\_\_\_\_, 1940  
 that I last saw h\_\_\_\_\_ alive on July 24, 1940  
 and that death occurred on the (date and hour stated above).

Immediate cause of death Chromic Bron-  
chitis

Due to Senility

Due to \_\_\_\_\_

Other conditions 10/10  
 (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 W. H. Howard (Name of physician)  
 Address \_\_\_\_\_ Date signed 7/27

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 840-136

Date Filed 8/13/40

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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, fact should be so stated above.**