

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

21482

Registration District No. 65-1

Primary Registration District No. 4388

1. PLACE OF DEATH:
 (a) County Pemiscott
 (b) City or town Caruthersville
 (If outside city or town limits, write "RURAL" and name of township)
Carl 7th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 65

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscott
 (c) City or town Caruthersville
 (If outside city or town limits, write "RURAL")
 (d) Street No. E. 7th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Carl William Brantley Jr.
 (b) If veteran, name war none
 (c) Social Security No. none
 4. Sex male 5. Color or race W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7 22 40
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 23
 year 1940 hour 10 minute 30 A.M.
 21. I hereby certify that I attended the deceased from
July 20, 1940, to July 23, 1940
 that I last saw him alive on July 23, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 1 If less than one day
 hr. _____ min. _____

Immediate cause of death Acute Sepsis
Premature birth
 Duration 7 days
 Due to _____
 Due to _____

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER
 { 12. Name Carl Brantley, Sr.
 13. Birthplace MO
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Hellen Lane
 15. Birthplace MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Carl Brantley, Sr.
 (b) Address Caruthersville

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 7-24-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Cemetery

(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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18. (a) Signature of funeral director H. S. Smith
 (b) Address Caruthersville

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

19. (a) July 30, 1940 (b) Ada Matiss
 (Date registered local registrar) (Registrar's signature)

23. Signature J. R. Union (M. D. or other) 1
 Address Caruthersville, Mo. Date signed 7-23-40

8-70-25

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.

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