

SEP 25 1940

114

Primary Registration District No.

5867

State File No.

Registrar's No.

27

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Portageville, Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Yes
In this community Yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th, 1940
year 1940 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from May 15th, 1940 to Aug. 19, 1940
that I last saw her alive on Aug. 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious Anaemia and endocarditis

Due to _____
Due to _____

Other conditions: Chronic Articular Rheumatism
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: No

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? 5

23. Signature A. A. Barker (M. D. or other) 1
Address Portageville Date signed 8-20-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Fannie BARKER 626
(b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife J. A. Barker 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: May 20 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 25
hr. _____ min. _____

9. Birthplace: Obion Ky. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business _____

12. Name: Infes Haswell

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

14. Maiden name: Francis Caparda

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

16. (a) Informant: J. A. Barker

(b) Address: Portageville, Mo R 3

17. (a) Burial (b) Date thereof: 8-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Portageville, Mo

18. (a) Signature of funeral director: Richard Und Co.
(b) Address: New Madrid Mo.

19. (a) Aug 23 1940 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

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

9-40-6

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.