

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39442

State File No. _____

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti 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 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Hayti Rural
(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

3. (a) PRINT FULL NAME Major Foster
(b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 35 Months 0 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Farm Labour 9

11. Industry or business Cotton farming

MOTHER FATHER { 12. Name D.K. 9

13. Birthplace D.K.
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K.
(City, town, or county) (State or foreign country)

16. (a) Informant papers found on Body

(b) Address _____

17. (a) Burial (b) Date thereof 11 18 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pemiscot County Farm

18. (a) Signature of funeral director Pemiscot County Farm

(b) Address Hayti Mo.

19. (a) 11-18-40 (b) Leola Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1940 hour 3 minute PM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound in left breast & back of head a Remington 3.8 cal. Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 177

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) suicide

(b) Date of occurrence 11-17-40

(c) Where did injury occur? Hayti Rural Pemiscot Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm Home
(Specify type of place)

While at work no (e) Means of injury _____

23. Signature Jack Kelly (M. D. or other) 5

Address Hayti Mo. Date signed 11-17-40

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

12-40-7-

MAR 17 1942

MAR 24 1942

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.