

Registration District No. 11021

Primary Registration District No. 5870

1. PLACE OF DEATH:

(a) County Pemisscot
(b) City or town White Oak Mo. Box 56
(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 at home (Specify whether
years, months or days) _____

3. (a) PRINT FULL NAME LYDA Lee McCurter
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 married
6. (b) Name of husband or wife Doyle McCurter 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July 1 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Irvin Sale
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Irving Nelson
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Doyle McCurter

(b) Address White Oak, Missouri

17. (a) Burial (b) Date thereof Dec. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumasch

18. (a) Signature of funeral director Launders Funeral Home

(b) Address Campbell Mo.

19. (a) 12-19-40 (b) Mrs. T. R. Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemisscot
(c) City or town White Oak Mo. Box 56
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles east of White Oak
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1940 hour 6:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 20th, 1940, to Dec 9th, 1940, that I last saw her alive on Dec 7th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus septuemia Duration 8 da

Due to uterine infection

Due to childbirth Nov 20th

Other conditions (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? 5 mi E
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature B. Stennett (M. D. or other) _____
Address Clarkton Mo Date signed 12-10-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 39451

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Pascola
(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 _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Lyda Lee McCarter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced no

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

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

8. AGE: Years 41 Months 5 Days 8 If less than one year _____ min.

9. Birthplace Dunklin Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec-19-40 (b) Mrs J. R. Cole (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Dec day 9 year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

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? _____

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

23. Signature J. B. Stumm (M. D. or other) _____
Address Clarkton Mo Date signed _____

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

SUPPLEMENTARY

S-39451-1940