

JAN 8 1947

Registration District No. **1099**

Primary Registration District No. **5868**

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

**I. PLACE OF DEATH:**

(a) County Demarest  
(b) City or town Near Portageville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None Latta, Jr  
(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) 2

8. (a) PRINT FULL NAME Bertha Cole  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 5-3-1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House work

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

MOTHER FATHER { 12. Name John Peths 9  
13. Birthplace Mo. 9  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Lawson Cole

(b) Address Portageville, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 12 16 40  
(Month) (Day) (Year)

(c) Place: burial or cremation Cypress Cemetery

18. (a) Signature of funeral director J. G. Cressy

(b) Address Portageville, Mo

19. (a) 1-1-47 (b) J. G. Cressy  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Demarest  
(c) City or town Near Marshall, 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 12 13 day Dec  
year 1940 hour 10-30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 1, 40, 19\_\_\_\_, to Dec 10, 40, 19\_\_\_\_; that I last saw her alive on Dec 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration \_\_\_\_\_

Due to Unknown

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

Other conditions Gallstone disease  
(Include pregnancy within 3 months of death)

Major findings: Heart discrepancy with short breath  
Of operations \_\_\_\_\_  
Of autopsy None

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? 590

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

23. Signature A. A. Pender (M. D. or other) \_\_\_\_\_

Address Portageville, Mo Date signed 12-17-40

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

X2145

1-41-5

**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 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

State File No. 43407

Registration District No. 1099

Primary Registration District No. 5868

Registrar's No.

1. PLACE OF DEATH: (a) County Pemiscott (b) City or town Little R. T.P. (c) Name of hospital or institution (d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Perdelia Cole (b) If veteran name war (c) Social Security No.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced, wid. (b) Name of husband or wife (c) Age of husband or wife if alive year (7) Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 12 If less than one day hr min.

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

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) 6-2-41 (b) J.A. [Signature] (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) Citizen of foreign country (Yes or No) If yes, name country

20. DATE OF DEATH: Month 12 day 5 year 1940 hour minute M. 21. I hereby certify that I attended the deceased from that last saw h alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to Due to 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?

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

23. Signature A.A. Reeder (M. D. or other) Address Partageville Mo Date signed

Duration PHYSICIAN Underline the cause to which death should be charged statistically.

SUPPLEMENTAL ENTRY

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

MOTHER FATHER

S-43407