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FILLED JUL 14 1941

Dr. Wm. J. ...
22354
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 607 Primary Registration District No. 4388 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville mo
(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 _____ years, months or days

3. (a) PRINT FULL NAME Mary Harris
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Do not know
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Do not know
(Month) (Day) (Year)

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

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

10. Usual occupation House work
11. Industry or business Home

MOTHER FATHER
12. Name J. K.
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant annie bell Butler
(b) Address Caruthersville mo

17. (a) Burial (b) Date thereof June 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Riddle
18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville mo

19. (a) July 7, 1941 (b) Ceda Martin
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Pemiscot
(c) City or town Caruthersville
(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.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1941 hour _____ minute 7:45 P. M.

21. I hereby certify that I attended the deceased from 4-29-, 1941 to 5-1-, 1941;
that I last saw her alive on 4-29-, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart Disease
Due to Chronic Nephritis.

Due to _____
Other conditions 12/1
(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?
585 (Specify type of place)
While at work? _____ (e) Means of injury 5

23. Signature W. A. Linsal (M. D. or other)
Address 501 E. 12th St Caruthersville mo signed 6-12-41

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

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

7-41-13

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.....

was not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. S. Smith

Licensed Embalmer No. *3900*

P. O. Address *Carrollville*

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, fact should be so stated above.