

FILED AUG 19 1941

Registration District No. 290

Primary Registration District No. 5404

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
35
00

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Dunklin 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 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Rural 035
(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 _____

3. (a) PRINT FULL NAME Clide Mize

3. (b) If veteran, name war V

3. (c) Social Security No. 1

4. Sex M

5. Color or race _____

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 2 - 6 - 1939
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>5</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Clide Mize

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

14. Maiden name Ann Maddy

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

16. (a) Informant Clide Mize

(b) Address Smith No. 1 P.O. # 2

17. (a) Burial (b) Date thereof 8-2-41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Funeral Home

18. (a) Signature of funeral director Smith, Mo.

(b) Address _____

19. (a) Aug 9-1941 (b) G. D. McDaniel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1941 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 31 1941 to Aug 1 1941
that I last saw her alive on Aug 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria Duration July 31st

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 G. D. McDaniel (M. D. or other) MD
Address Smith Mo Date signed 8-2-41

SEP 8 1944

RECEIVED

District Health Office No. 2,
District File Number 8-11-102
Date Filed 8-14-44

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 ^{Not}.....

H. P. Gooch
.....
working under my personal supervision.

Registered Apprentice No.

Signed *H. P. Gooch*.....

Licensed Embalmer No. *4106*.....

P. O. Address *Smith MI 0*.....

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, fact should be so stated above.