

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 70

Registration District No. 601

Primary Registration District No. 1-862

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville, "Rural"
(c) Name of hospital or institution: Little Prairie
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville, "Rural"
(d) Street No. Pemiscot Township Little Prairie
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bobby Gene Maners

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 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 March 14, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 25 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Vada Maners
13. Birthplace Decaturville, Tenn
14. Maiden name Stella Holland
15. Birthplace Decaturville, Tenn

16. (a) Informant Mrs Stella Maners
(b) Address Caruthersville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6.10.1941
(c) Place: burial or cremation Decaturville, Tenn

18. (a) Signature of funeral director J.L. German
(b) Address Steele, Mo.

19. (a) Aug. 6, 1941 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8-9-40
6-8- to 6-8- 1941
that I last saw him alive on 8-4- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus
Duration Life

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? _____
(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 Asst. Dir. (M. D. _____)
Address St. Louis, Mo. Date signed 6-8-41

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

800

8-41-13

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

William C. Shelton

Licensed Embalmer No. *3929*

P. O. Address

Steele, Mo

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.