

UG 15 1941
Registration District No. 254

Primary Registration District No. 5873

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Cooter Twp
(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 L (Specify whether
In this community 31 years
years, months or days)

3. (a) PRINT FULL NAME Minnie McClure

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife J.E. McClure 6. (c) Age of husband or wife if alive / years

7. Birth date of deceased November 13, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business none

12. Name James K. Pelt

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

14. Maiden name Sallie Ann James

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

16. (a) Informant Beal McClure

(b) Address Cooter

17. (a) Burial (b) Date thereof July 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cem

18. (a) Signature of funeral director Carroll

(b) Address Cooter, Mo

19. (a) 7-21-1941 (b) Tom Bragan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Cooter, 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.? /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour 30 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 4
1941, to July 2 1941;
that I last saw her alive on July 1 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

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) (e) Means of injury

23. Signature P. E. Cooper (M. D. or other) MD
Address Cooter, Mo Date signed 8-24-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8-41-30

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.....

J. L. La Forge

Licensed Embalmer No. *8032*

P. O. Address *Caruthersville, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-782

Registration District No. 656

Primary Registration District No. 5873

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Cooter
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot
(c) City or town Cooter
(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 Minnie McClure

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

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced wid

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

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

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ 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 _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I or saw him _____ live on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to Intestinal Hemorrhage

Due to Carcinoma

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 P. E. Cooper (M. D. or other) _____
Address Cooter Mo Date signed 7-26-41

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

Cooter, Mo

SUPPLEMENTAL

