

DEPT. OF COMMERCIAL BUREAU OF THE CENSUS
SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 655

Primary Registration District No. 4392

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Steele
 (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 Missouri (b) County Pemiscot
 (c) City or town Steele
 (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.

3. (a) PRINT FULL NAME Minnie Pearl Battle
 (b) If veteran, name war _____ (c) Social Security No. _____
 4. Sex Female 5. Color or race Col
 6. (a) Single (b) Single
 divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 7. Birth date of deceased Sept 27 1940
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 13
 year 1941 hour 12 minute 45 M.
 21. I hereby certify that I attended the deceased from Aug-10
 1941, to Aug 12, 1941
 that I last saw her alive on Aug-12, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
10 16 _____ hr. _____ min.

Immediate cause of death Callitis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Steele, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation None
 11. Industry or business None

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Richard Battle
 13. Birthplace Atlanta, Ga.
 (City, town, or county) (State or foreign country)
 FATHER { 14. Maiden name Lucile Lucy
 15. Birthplace Kosciusgo, Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant Lucile Battle
 (b) Address Steele, Mo.
 17. (a) Burial (b) Date thereof 8/13.41.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holly Grove Cemetery
 18. (a) Signature of funeral director J.L. German
 (b) Address Steele, Mo.
 19. (a) 9/8/41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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)
 23. Signature J. Robbins (M. D. or other) _____
 Address Steele, Mo Date signed 8/15/41

9-41-39

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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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.