

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29040

Registration District No. 1099

Primary Registration District No. 5868

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Portageville
(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 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi. south of Portageville
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1941 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from July, 30 1941 to July, 30 1941:
that I last saw him alive on July, 30, 41
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease, Mitral regurgitation

Due to Endocarditis

Due to Rheumatism

Other conditions None
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy No

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 A. D. Reader (M. D. or other) _____
Address Portageville, Mo. Date signed 8/5/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles Duckworth

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

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

6. (b) Name of husband or wife Corda Duckworth 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 13, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 21 _____ hr. _____ min.

9. Birthplace Thomsonville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Dock Duckworth

13. Birthplace Thomsonville, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Harrott

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

16. (a) Informant Corda Duckworth

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 8-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cem.

18. (a) Signature of funeral director LaForge Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) 9-3-41 (b) J. J. Creary
(Date received local registrar) (Registrar's signature)

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

78
00

78
00

9-41-7

DEC 27 1948

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. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Cantherville, 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.