

Registration District No. 657

Primary Registration District No. 1-863

78  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County PEMISCOT  
(b) City or town RURAL, PEMISCOT 2<sup>nd</sup> 0  
(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO  
In this community 16 DAYS 1 (Specify whether years, months or days)

8. (a) PRINT FULL NAME VIRGIL MARVIN DOYLE

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 0 divorced Infant

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased APRIL 24 1941  
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 15 If less than one day — hr. — min.

9. Birthplace LAURENCEBURG TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name EARL DOYLE  
13. Birthplace CLIFTON TENN  
14. Maiden name VIRGINIA ARNOLD  
15. Birthplace CLIFTON TENN

16. (a) Informant Earl Doyle  
(b) Address Caruthersville, Mo. R.F.D. #1

17. (a) Funeral (Burial, cremation or removal) (b) Date thereof 9-9-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Friends  
(b) Address Caruthersville, Mo. R.F.D. #1

19. (a) Sept 9, 1941 (b) Cida Martens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town "Rural" Pemiscot  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Cottonwood Point  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept days 9  
year 1941 hour 6:00 AM

21. I hereby certify that I attended the deceased from Aug 25, 1941, to Sept 9, 1941  
that I last saw him alive on Sept 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition eye  
Duration

Due to —  
Due to —

Other conditions (Include pregnancy within 3 months of death) 58

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 W. H. ... (M. D. or other) 0  
Address Caruthersville Mo Date signed 9/9/41

10-41-#0

**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 the above constitutes grounds for revocation of license.)**

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