

No. 2
-13-40
-17-39
X25159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Luten 32204
State File No.

CHIEF OCT 17 1941

Registration District No. 667

Primary Registration District No. 4388

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Pemiscott
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosie Mayes

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

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased January 26 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 26 If less than one day hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business Home

12. Name Joe Huston

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Pauline Lovell

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

16. (a) Informant Vernia Mayes
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof Sept. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Cemetery
(d) Signature of funeral director [Signature]
(e) Address Caruthersville, Mo.
(f) Date received local registrar Sept. 29, 1941 (g) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscott
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. E. 13th and West
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 22nd, year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 18, 1941, to Sept 22, 1941; that I last saw him alive on Sept 22 - 41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cholera

Due to 120a

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

Major findings: Of operations _____
Of autopsy _____

Duration
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 0

23. Signature [Signature] (M. D. or other) 0
Address Caruthersville Mo. Date signed Sept 26 - 41

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

778
1
2

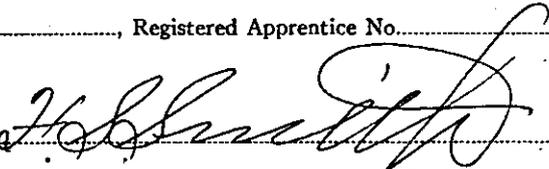
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10-41-20

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. 2191

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.