

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

FILED OCT 16 1941

Registration District No. _____

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sikeston Hospital
(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 New Madrid
 (c) City or town Portageville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 9-17-41
 _____ 19____ to 9-18-41 19____
 that I last saw her alive on 9-18-41 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Black acid
Hemorrhage following
Chloroform
 Due to prolonged labor
obstetrical
 Due to Black acid / 3 #s

Duration

12 hrs

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 H. M. Kendig (M. D. or other) _____
 Address Sikeston Mo Date signed 9/19/41

3. (a) PRINT FULL NAME

EFFIE NOLIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife ART. NOLIN 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased MAR 31 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 5 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Sikeston Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Jim McCarne

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Ma Bacon

15. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Art Nolin

(b) Address Portageville Mo

17. (a) Buried (b) Date thereof 9-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Bellevue Funeral Parlor

(b) Address Portageville Mo

19. (a) 10-1-41 (b) H. M. Kendig
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 1041-1369

Date Filed 10/6/46

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 Noel Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.