

FILLED NOV 13 1941
Registration District No. 897

Primary Registration District No. 4388

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(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 45 years
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 207 East 5th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JOSEPH C. LONON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Lonon 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased February 17, 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 23 If less than one day
hr. min.

9. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Lonon
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 10-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) Oct. 16, 1941 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1941 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Oct 10 1941
to Oct 10 1941
that I last saw him alive on Oct 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. B. Lutten (M. D. or other)

Address Caruthersville, Mo.

585 (Licensed Embalmer's Statement on Reverse Side)

11-41-44

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 *Courtsville, 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.