

FILED DEC 12 1941
Registration District No. _____

Primary Registration District No. 4388

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville, Tenn.
(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 90 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville, Tenn.
(If outside city or town limits, write "RURAL")

(d) Street No. E. 14th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Dorndell Houston (Mrs) Donald

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th
year 1941 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female

5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov. 5 1941
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: unattended by any physician

8. AGE: Years 0 Months 0 Days 90 If less than one day _____ hr. _____ min.

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

Duration _____

Due to (History indicates suffocation)

Due to _____

Other conditions 1600
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name Berna Lee McDonald

13. Birthplace Dresden Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Clara Lee Houston

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Reed

(b) Address Caruthersville Mo.

17. (a) Burial (b) Date thereof Nov 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Count Farm

18. (a) Signature of funeral director Friedrich

(b) Address Caruthersville, Mo.

19. (a) Nov. 25, 1941 (b) Cida Martin
(Date received local registrar) (Registrar's signature)

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. Hays Health Officer (M. D. or other) _____

Address Caruthersville, Mo. Date signed 11/25/41

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

12-41-25

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.