S. No. 2
—1-4-41
5-17-39
P I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1942

Registration District No. 1099

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5868

State File No. 42669

Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural Madell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little River Proj.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Rural Madell
(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 .....

3. (a) PRINT FULL NAME A. J. Jones
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Black
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 4 (Day) 1941 (Year)
8. AGE: Years ..... Months 7 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace Caruthersville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None
MOTHER FATHER
12. Name Willie Jones
13. Birthplace Norwood (City, town, or county) Louisiana (State or foreign country)
MOTHER
14. Maiden name Beatrice Jackson
15. Birthplace Lunia (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Willie Jones
(b) Address Wardell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cem.
18. (a) Signature of funeral director Freeman
(b) Address Wardell Mo
19. (a) 12 23 41 (Date received local registrar) (b) J. R. Creasey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 41 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from 12-16-41 ....., 19..... to 12-16 ....., 19 41 that I last saw him alive on 12-16-41 ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Unknown ? pneumonia?	2 days
Due to Malnutrition	
Due to Parental ignorance	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 156
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? — (Specify type of place)
While at work? ..... (e) Means of injury —
23. Signature R. G. Bassbinger (M. D. or other) M.D.
Address Wardell Mo Date signed 12-23-41

5-70 (Licensed Embalmer's Statement on Reverse Side)

1-42-8

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.