

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3096

State File No.

Registration District No. 653

Primary Registration District No. #390 5864

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town (High TWP) Rural
(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 two mos. years, months or days

3. (a) PRINT FULL NAME Everline Caldwell Blackman

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race col 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 Nov 21 1914
(Month) (Day) (Year)

8. AGE: Years 27 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Lepton Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business home

12. Name Ben Moore

13. Birthplace Lepton Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Brown

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

16. (a) Informant Ben Moore of
(b) Address Hayth ms.

17. (a) X Burial (b) Date thereof 21 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayth ms.
18. (a) Signature of funeral director Smith & Bell
(b) Address Hayth ms.

19. (a) Feb 10 42 (b) Mrs. Opal McCluskey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County Pemiscot
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1942 hour Six minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan. 15th, 1942 only to _____, 19____;

that I last saw her alive on Jan. 15, 42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 9 months of death)

Major findings: Of operations Same

Of autopsy No

Duration

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) _____ No

(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)
(x) Means of injury _____

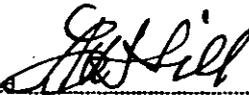
23. Signature A. A. Reed (M. D. or other)

Address Portageville, Mo. Date signed 2-8-42

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.

2697

P. O. Address

Lebanon, 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, above space should be left blank.