No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3102

Registration District No. 653 Primary Registration District No. 5871 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Pemiscot Bo[illegible]

(b) City or town Deering Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot

(c) City or town DEERING
(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.

3. (a) PRINT FULL NAME CARRIE BAKER EZELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 7

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased FEB. (Month) 13 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	11	14	✓ hr. ✓ min.

9. Birthplace DAVIDSON COUNTY (City, town, or county) TENN. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ✓

FATHER
12. Name ANDREW WOODALL
13. Birthplace DAVIDSON COUNTY (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ENGLAND (~~City, town, or county~~) (~~State or foreign country~~) 4

16. (a) Informant ROBERT BLACKARD
(b) Address HERNANDO, MISS.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery, Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville, Mo.

19. (a) Feb. 10, 1942 (Date received local registrar) (b) Mrs. Opal McCloskey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 27
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 12th, 1942, to Jan. 27, 1942
that I last saw her alive on Jan. 26, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. A. M. Kelley (M. D. or other)
Address Deering Date signed 1-28-42

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrithersville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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