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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 12 1942

Registration District No. 807

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4388

3114

State File No. _____

Registrar's No. 5

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 _____ (Specify whether)

In this community All Life
years, months or days

3. (a) PRINT FULLNAME TERESA JANE McCLANAHAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec. 28, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name John Bader

13. Birthplace Baden, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Jane Tease

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

16. (a) Informant Nellie McClanahan

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof _____
(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) Jan. 10, 1942 (b) Eda Martin
(Date received local registrar) (Registrar's signature)

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. 605 Laurant
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1942 hour 3 minute 25A M.

21. I hereby certify that I attended the deceased from Oct 15, 1941 to Jan 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to hypertension?

Due to arteriosclerosis

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

Major findings: _____
Of operations _____

Of autopsy _____

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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 0

23. Signature J. O. Cain (M. D. or other) _____
Address Caruthersville Date signed 1/14/42

Duration

2 wks

L. P. Reich

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

2-42-8

FEB 17 1943

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. W. Schuman

Licensed Embalmer No. 4086

P. O. Address *Countryside, 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.