S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3117

State File No.

Primary Registration District No. 4340 5864

Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti Rural Township
(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 years, months or days)
In this community 3 mo.

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

3. (a) PRINT FULL NAME Ora May Mack
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race Col.
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 6 (Month) 1941 (Day) (Year)
8. AGE: Years | Months 2 | Days 29 | If less than one day hr. min.
9. Birthplace Hayti Rural (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business —
MOTHER FATHER
12. Name Ethel Mack
13. Birthplace Waterwaley (City, town, or county) Miss (State or foreign country)
14. Maiden name Clifton James
15. Birthplace Batavilla (City, town, or county) Miss (State or foreign country)
16. (a) Informant Ethel Mack
(b) Address Hayti Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pemiscot County Farm
18. (a) Signature of funeral director Ray Funeral Home
(b) Address Hayti Mo.
19. (a) 1/24/42 (Date received by local registrar) (b) Mrs. Opal McCloskey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1942 hour 1 minute A. M.
21. I hereby certify that I attended the deceased ~~from~~ Jan 23, 1942 to , 19 ;
that I last saw her alive on Jan 23, 1942 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 G. S. Rogers (M. D. or other) Emp
Address Hayti, Mo. Date signed 1/23/42

(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.....

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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3117

Registration District No. 653 Primary Registration District No. 5864 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Ira M. Mack
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 6 (Day) 94 (Year)
8. AGE: Years Months 2 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 23 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Bronchial Pneumonia	
Due to Malnutrition	
Due to	
Other conditions No others (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 109	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature G. S. Rogers (M. D. or other) MD
Address Sikeston, Mo. Date signed 3/4/42

SUPPLEMENTARY