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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11384

Registration District No. 5767 Primary Registration District No. 5767 Registrar's No. 22

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Wolf Island, 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 12 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles S.E. of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HUB ERWIN
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
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 August 8, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Mastain Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
FATHER
12. Name James Erwin Sr
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant James Erwin Jr
(b) Address Wolf Island, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.
19. (a) 4-4-42 (Date received local registrar) (b) Brigman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1942 hour 2.25 minute P. M.
21. I hereby certify that I attended the deceased from No Medical, 19 Attendance, 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death From information received deceased had Pneumonia
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 33a
Of autopsy

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)
(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 Travis Shelby Coroner (M. D. or other)
Address East Prairie Date signed 3/2/42

1271

(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 James M. Scott Registered Apprentice No. 316 working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.