7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

Registration District No. 651

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5862

Dr. Luten
State File No. 15137
Registrar's No. 35

78 / 2

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot 78
(c) City or town: Caruthersville, Mo. RR I 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R. I 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Lula Belle Sides
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leslie Sides
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: September (Month) 18, (Day) 1906 (Year)
8. AGE: Years 35 | Months 7 | Days 7 | If less than one day ____ hr. ____ min.
9. Birthplace: Pemiscot County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House-wife
11. Industry or business: ____
12. FATHER Name: James Monroe Coble
13. FATHER Birthplace: Unknown (City, town, or county) / Tenn. (State or foreign country)
14. MOTHER Maiden name: Maggie Jones
15. MOTHER Birthplace: Unknown (City, town, or county) / Tenn. (State or foreign country)
16. (a) Informant: Leslie Sides
(b) Address: Caruthersville, Mo. R. I
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Cemetery
18. (a) Signature of funeral director: A. L. Smith
(b) Address: Caruthersville, Mo.
19. (a) 4-26-1942 (Date received local registrar) (b) Jessie H. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th, year 1942 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from July, 1941, to Apr 10, 1942, that I last saw h. alive on Apr 9th, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition	
Due to: Pneumonia delivery	
Due to: or Kimmelstiel disease	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 67	
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: 0
23. Signature: J. B. Luten (M. D. or other) M.D.
Address: Caruthersville Date signed 4-30-42

1204 (Licensed Embalmer's Statement on Reverse Side)

5-42-4

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, ***.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.