S. No. 2
M—9-4-41
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I - X29484

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 653 Primary Registration District No. 4390 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti — Rural
(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 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Hayti.
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) O
If yes, name country .....

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3. (a) PRINT FULL NAME Mary Horton

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased 4 (Month) 3 (Day) 1914 (Year)

8. AGE: Years 28 Months 1 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Tunica (City, town, or county) Miss (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business home

FATHER
12. Name Jim Horton
13. Birthplace Tunica (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Eza Jones
15. Birthplace Tunica (City, town, or county) Miss (State or foreign country)

16. (a) Informant Frank Taylor
(b) Address Hayti - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Harvey Randolph Supt.
(b) Address Hayti, Mo - Box 1

19. (a) 6-3-42 (Date received local registrar) (b) Mrs. G. G. Shirey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 6 30 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 1, 1942 that I last saw h alive on June 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Glossitis — Ebolychoquitis, Hartitis, Intestinal ile — Due to (Lye poisoning, Drinks Lye — Due to .....

Duration 6 hrs.

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

Major findings:
Of operations 16 3 B
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) Suicide
(b) Date of occurrence June 1, 1942
(c) Where did injury occur? Home (City or town) Pemiscot (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) O
While at work? ..... (e) Means of injury Lye poisoning

23. Signature A. H. Shirey (M. D.)
Address Hayti, Mo. Date signed 6-2-42

1214 (Licensed Embalmer's Statement on Reverse Side)

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

6-42-13

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, fact should be so stated above.