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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. 21937

FILED JUL 10 1942

Registration District No. 651 Primary Registration District No. 4388 Registrar's No. 43

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: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pemiscot

(c) City or town Caruthersville 78
(If outside city or town limits, write "RURAL")

(d) Street No. 18th 1
(If rural, give location) 2

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Caroline Claybrooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced married 1

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 12 (Month) 25 (Day) 1878 (Year)

8. AGE: Years 63 Months 6 Days 1 If less than one day hr. min.

9. Birthplace New Albany (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business home

FATHER
12. Name Alford Clasbitt
13. Birthplace New Albany (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Emily Mays
15. Birthplace New Albany (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Daisy Dorsey
(b) Address Caruthersville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville Mo.

18. (a) Signature of funeral director Smith & Hill
(b) Address Hayti - Mo

19. (a) 7-6-1942 (Date received local registrar) (b) Jessie H. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from June 18 1942 to June 26 1942
that I last saw her alive on June 20 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Brights	
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 J B Lucas Miss (M.D. or other)

Address Caruthersville Mo signed 6-27-1942

1206 (Licensed Embalmer's Statement on Reverse Side)

7-42-9

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 G. Hill

Licensed Embalmer No. 2627

P. O. Address Lilbourn MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21937

Registration District No. 651 Primary Registration District No. 4388 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pemscot

(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 years, months or days)

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 Caroline Claybrooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec (Month) 25 (Day) 1878 (Year)

8. AGE: Years 63 Months 6 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

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

MOTHER
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 June day 26 year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Brights Chronic	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 J. B. Hutton (M. D. or other) MD

Address Caruthersville Date signed Mo