

Registration District No. 284

Primary Registration District No. 5403

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural Greenhorn
(c) Name of hospital or institution:
3 1/2 miles Southeast
(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 MO (b) County Dunklin
(c) City or town Halscomb Rural 35
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles Southeast
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Lourene Mc Donald

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1942 hour 5:10 minute 0 A.M.

21. I hereby certify that I attended the deceased from July 6 1942 to July 8 1942;
that I last saw him alive on July 6 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma uterus

Duration

Due to not known

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

PHYSICIAN

Major findings: Sarcoma uterus
Barnes Hospital, St. Louis
Of autopsy.....

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?.....
Means of injury.....
23. Signature John E. Quinn (M. D. or other) J
Address Halscomb Mo

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George C. Mc Donald 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Feb 22 - 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Senath, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business.....
12. Name C. L. George
13. Birthplace Ingrown Tenn!
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Maddox
15. Birthplace Ingrown Tenn!
(City, town, or county) (State or foreign country)

16. (a) Informant George C. Mc Donald

(b) Address Halscomb, Mo. Rr. 1

17. (a) Rural (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lula

18. (a) Signature of funeral director Emerson Burns

(b) Address Harner's Mill

19. (a) July 31, 1942 (b) LaToine Dunn
(Date received local registrar) (Registrar's signature)

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

35
6
0

RECEIVED

District Health Office No. 2,

District File Number 842-1063

Date Filed 8-12-42

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.