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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. 24964

FILED AUG 6 1942

Registration District No. 653

Primary Registration District No. 5865

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Concord Twp
(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 4 mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pemiscot

(c) City or town Rural - Concord Twp
(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 0

3. (a) PRINT FULL NAME Lacy Peoples Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1 (Day) 1942 (Year)

8. AGE: Years | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Potageville (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Lacy Peoples Sr
13. Birthplace Brinkley (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Ollie Bell Dunbar
15. Birthplace Brinkley (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Lacy Peoples Sr
(b) Address Potageville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hoyt MO

18. (a) Signature of funeral director Friends
(b) Address

19. (a) 7-21-42 (Date received local registrar) (b) Mrs. J. G. Sherry (Registrar's signature) Deputy

1214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 11 minute # P. M.

21. I hereby certify that I attended the deceased from July 13, 1942, to July 16, 1942, that I last saw him alive on July 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Calitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

119a

Major findings:
Of operations

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 0

23. Signature J B Luten MD (M.D. or other)

Address Caruthersville Mo Date signed 7-21-42

(Licensed Embalmer's Statement on Reverse Side)

8-42-3

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.