

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Deering
(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)
In this community 1 Months, 25 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Deering Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosanna Ervin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race White 5. Color or race _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months I Days 25 If less than one day hr. _____ min. _____

9. Birthplace Morehouse, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis D. Ervin
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Belt
15. Birthplace Rosiclare, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosie Belt
(b) Address Bragg City, Mo.

17. (a) Burial (b) Date thereof 8/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. J. Smith
(b) Address Caruthersville, Mo.

19. (a) 8-28-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th,
year 1942 hour 6 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 _____ day and hour stated above.

Immediate cause of death: Mal-nutrition, baby born pre-mature, under developed, no medical attention.
Duration _____
Due to _____
Due to _____

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

Major findings: 159
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature Jules V. Moore (M. D. or other) _____
Address Hayti, Mo. Date signed _____

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

78
0
6

9-42-6

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.....

Body was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. **4185**

P. O. Address. **Cafuthersville, 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.