

V. S. No. 2
DM-9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31013**

Registration District No. **272**

Primary Registration District No. **5912**

Registrar's No. _____

78
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Steele, (Virginia) Twn.**
(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 **5 Yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pemiscot**

(c) City or town **Steele, (Rural)**
(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 **Myrtle McKenney**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **10** year **1942** hour **8:30** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Aug**, 19**42** to **Sept 1942**, 19____
that I last saw h_____ alive on _____, 19____
er **Some time in August**, 19____
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Col**

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

6. (b) Name of husband or wife **Leo McKenney** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Feb 3, 1903**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of Uterus**

Duration **Not Known**

8. AGE:	Years	Months	Days	If less than one day
	39	7	7	_____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace **Forrest City, Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **None**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name **Jack West.**

13. Birthplace **Bolivar, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sallie Whiteside**

15. Birthplace **Harden Co. Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo McKenney**

(b) Address **Steele, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 13, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holly Grove, Cemetery.**

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? _____

18. (a) Signature of funeral director **German Untd Co, Steele, Mo.**

(b) Address _____

19. (a) **Oct 1 1942** (b) **Mrs Dorothy Hamrick**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Frank R. Ogilvie** (M. D. or D. O.)

Address **Caruthersville Mo.** Date signed **9/12/42**

1208 (Licensed Embalmer's Statement on Reverse Side)

10-42-3

Thomas C. Hill

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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 *J. A. Brown*

Licensed Embalmer No. *3789*

P. O. Address *Steele 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.