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

STANDARD CERTIFICATE OF DEATH

31524

State File No.

Registrar's No. 41

FILED OCT 7 1942

Registration District No. 340

Primary Registration District No. 6151

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Lavalle
(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 7 months
(Specify whether years, months or days)

In this community 7 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Lavalle 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 Bertha Smith (Jackson)

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

4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Quenton Jackson 6. (c) Age of husband or wife if alive 38 34 years

7. Birth date of deceased February 8, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>7</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Jim Smith

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gardner

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Jimmie Lee Watts

(b) Address Steele, Missouri

17. (a) Burial (b) Date thereof 9-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove Cem.

18. (a) Signature of funeral director German Untd. Co.

(b) Address Steele, Missouri Box 121

19. (a) 9-24-42 (b) Cordie Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 14, year 1942 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 14 1942
that I last saw h alive on Sept 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomp

Due to _____

Due to _____

Other conditions 95e²
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature Geo W. Husted (M. D. or other) _____

Address Parma Mo Date signed 9/14/42

RECEIVED

District Health Office, No. 2,

District File Number 1042-1227

Date Filed 10-5-42

James M. ...
1944

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. Quinn*

Licensed Embalmer No. 3789

P. O. Address State md

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.