

S. No. 2
M-5-42
5-17-39
P. 1. 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Shirey 34476

State File No. _____

FILED NOV 10 1942 53247

Registration District No. _____ Primary Registration District No. 5864 5902 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Hayti Mo
(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 Life-time
years, months or days

2. USUAL RESIDENCE OF DECEASED: 18

(a) State Missouri (b) County Pemiscot 0

(c) City or town Hayti, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. rural Route 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME Eddie Mack Lannie

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1942 hour 5 minute _____ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced _____ 6. (c) Age of husband or wife if alive _____ years

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from April 7
1942 to Oct 11, 1942
that I last saw him alive on Oct 1, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>6</u>	<u>3</u>	hr. _____ min.

Immediate cause of death _____
Congenital Heart Disease Syst
5 1/2 mos.

Due to _____

Due to _____

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

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

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Frank Lannie

13. Birthplace Conway, Co. Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Goodrum

15. Birthplace Pemiscot, Co. Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Earl Goodrum

(b) Address Hayti, Mo.

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? _____

17. (a) Burial (b) Date thereof 10/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 10/12/42 (b) Dr. C. G. Shirey
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Shirey (M. D. or other) _____
Address Hayti, Mo. Date signed 10-13-42

1214 (Licensed Embalmer's Statement on Reverse Side)

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

78
08

11-42-3

STATEMENT BY LICENSED EMBALMER

NOT

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. Caruthersville, 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.