DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1942

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34482

Primary Registration District No. 5909

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town ~~Caruthersville~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community I5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Pemiscot 1

(c) City or town Caruthersville, Rural 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Ida Mae Napper

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased December (Month) 2I (Day) I9I0 (Year)

8. AGE: Years 3I | Months I0 | Days I0 | If less than one day ..... hr. ..... min.

9. Birthplace Rolling Fork, (City, town, or county) Mississipri (State or foreign country)

10. Usual occupation House-work

11. Industry or business .....

FATHER
12. Name Tom Drake
13. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Belle -------Unknown
15. Birthplace Vently (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Joe Hall
(b) Address Caruthersville, Mo. R.R.I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/I/42 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Ridge Cem.

18. (a) Signature of funeral director German Und. Co.
(b) Address Steele, Mo.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3Ist, year I942 hour 4 minute 45 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 date and hour stated above.

	Duration
Immediate cause of death No attending physician	
Due to Cause of death	
Due to Not determined	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? ——
(Specify type of place)

While at work? ..... (e) Means of injury ——

23. Signature Fredk. Ogilvie - Health Officer (M. D. or [illegible])

Address Caruthersville, Mo Date signed 11/1/42

(Licensed Embalmer's Statement on Reverse Side)

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

11-42-19

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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-21-41
K29288

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. 34482

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 79

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County P. Emiscot

(b) City or town Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Ida Mae Napper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 21 (Day) 1910 (Year)

8. AGE: Years 31 Months 10 Days 10 If less than one day ... min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) 11-1-1942 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 3
year 1942 hour minute 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 date and hour stated above.

Immediate cause of death This Woman was ill for some time according to her family. Her Dr

Due to O. W. Cook, attended her until he went to the army and she

Due to died shortly after her left. Dr. Ogilvie signed

Other conditions
(Include pregnancy within 3 months of death)
Certificate upon information

Major findings:
Of operations from family.

Of autopsy 200a

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 No injury
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
A long illness
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

1942

S-34482