

S. No. 2
4-13-40
7. 5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34491

State File No. _____

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 69

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Caruthersville Town
(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 40 Years
years, months or days

3. (a) PRINT FULL NAME Mary Treece
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June II 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-wife

11. Industry or business _____

12. Name Dunn Treece

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

14. Maiden name Unknown

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

16. (a) Informant Clyde Treece

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 10/14/42
(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) 10-14-42 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 15th, and Walker
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
 year 1942 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from Oct 10 to Oct 11, 1942.
 that I last saw him alive on Oct 11 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to ase

Other conditions ase
(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) Means of injury

23. Signature J. B. Lutman (M. D. or Other) _____
 Address Caruthersville, Mo.

1206 (Licensed Embalmer's Statement on Reverse Side)

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

288
20-1-88

11-42-26

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, ~~of~~.....

....., 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.