

S. No. 2
M-5-42
v. 5-17-39
I X32673

37650

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 8 1942

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

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

1. PLACE OF DEATH:

(a) County NEW MADRID

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

(c) Name of hospital or institution 1 No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Catron
(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 PRINCE EDWARD WESBITT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 2:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-19-42 to 11-19-42 19____; that I last saw him alive on 11-19-42 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Black

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

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

7. Birth date of deceased Jan 17 1936
(Month) (Day) (Year)

Immediate cause of death Asacal Hemorrhage

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>10</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Child

Other conditions (Include pregnancy within 3 months of death) 103

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Wesley Nesbitt

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

14. Maiden name Andisice J. Davis

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

16. (a) Informant Wesley Nesbitt

(b) Address Catron, Mo

17. (a) Burial (b) Date thereof Nov 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catron, Mo

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo

19. (a) 11/27/42 (b) ms. S. Bladenwaki
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury _____

23. Signature W. J. Gilbert (M. D. or other) MD

Address Catron, Mo Date signed 11/27/42

10-24

DEC 8 1913

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 *Leo Hedyupeth*.....

Licensed Embalmer No. *3803*.....

P. O. Address *New Madrid, 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.