

S. No. 2
DM-5-42
5-17-39
X32873

37730

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1942
Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 98

78
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 35 Years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. I
(If rural, give location) No
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Jane Greenway

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month November day 23rd,
year 1942 hour I minute 45 A. M.

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

21. I hereby certify that I attended the deceased from June 15, 1942, to 11-23, 1942,
that I last saw her alive on 11-22, 1942,
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
mal nutrition & senility

8. AGE: Years Months Days If less than one day
80 10 12
hr. min.

Due to.....
Due to.....

9. Birthplace Cecatur, Co. Tennessee
(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 Retired

11. Industry or business.....

12. Name William Martin Hill

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

14. Maiden name Rebecca Paralee Westerman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Barney Greenway
(b) Address Caruthersville, Mo. R.R. I

17. (a) Burial (b) Date thereof II/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director A. S. Smith
(b) Address Caruthersville, Mo.

19. (a) 11-23-42 (b) Jessie W. Markey
(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) (c) Means of injury.....

23. Signature J. R. Chapman (M. D. or other)
Address J. Steele, Mo Date signed 11/23/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

12-42-16

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.....

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.