

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37736 Sr. Luten
State File No.

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(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 32 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. G. D. 18th, St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Disbennett Moore

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 Married

6. (b) Name of husband or wife Howard Moore 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased February 27, 1898
(Month) (Day) (Year)

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

44 8 29 hr. min.

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

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER { 12. Name Wiley Westerman

13. Birthplace Stewart, Co., Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Helen E. Melton

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

16. (a) Informant Harry Westerman

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof II/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

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

(b) Address Caruthersville, Mo.

19. (a) 11-25-42 (b) Jessie W. Marney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd,
year 1942 hour 7 minute 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.

Immediate cause of death _____

Did not see her this patient until after death - but she died suddenly. 908 history of heart ailment

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? _____

While at work _____ (Specify type of place) _____
(a) Means of injury _____

23. Signature J. B. Luten (M. D. or other) _____
Address Caruthersville Date signed 11-27-42

12-42-17

685
1947
6E01E

JUL 15 1945

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, James A. Osburn,
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 the above constitutes grounds for revocation of license.)

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

STANDARD CERTIFICATE OF DEATH

State File No. 37736
Registrar's No. 87

Registration District No. 270

Primary Registration District No. 2050

1. PLACE OF DEATH:

(a) County Pemscot
(b) City or town Southport
(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 Jena Dickson Moore

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Feb 27
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 27 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
{ 12. Name _____
{ 13. Birthplace _____ (City, town, or county) (State or foreign country)
{ 14. Maiden name _____ (State or foreign country)
{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 23
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above _____ 19____;
immediate cause of death _____ Duration _____

Due to _____
Due to _____
Dr. A.G. Shrey
Haiti
Mo

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)
(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

