

NOV 19 1942
Registration District No. 330

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38249

Primary Registration District No. 3074

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Months (Specify whether years, months or days)
In this community 3 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Fayette
(c) City or town Glen Allen
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hulus Heath

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

4. Sex M 5. Color or race W 5. (a) Single, widowed, married, divorced S O

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

7. Birth date of deceased 4 11 1926
(Month) (Day) (Year)

8. AGE: Years 16 Months 6 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Franklin Co. Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmwork

11. Industry or business _____

12. Name Tommie Heath

13. Birthplace Pauldin Co. Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bass

15. Birthplace Franklin Co. Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant T.J. Heath

(b) Address Sikeston Mo. 219 N.W. St.

17. (a) Burial (b) Date thereof 11/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philcampbell Ala.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 11/12/42 (b) Louise Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 1942 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 7 1942 to Nov 7 1942
that I last saw him alive on Nov 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis Duration 1 hr.

Due to Cerebral injury 2 days

Due to Gun shot wound of head 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164

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) Homicide

(b) Date of occurrence 2/5/42

(c) Where did injury occur? Sikeston City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Yes (Specify type of place) (e) Means of injury Revolver

23. Signature L. P. Martin (M. D. or other) MD
Address Sikeston Date signed 2/2/42

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

100
2000

999
0

2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10318

RECEIVED

District Health Office No. 2.

District File Number 1142-1459

Date Filed 11-18-42

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.