DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41532

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 95

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

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemiscot
(c) City or town Caruthersville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 18
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country 0 2

3. (a) PRINT FULL NAME Claudia Whitley
3. (b) If veteran, name war
3. (c) Social Security No. 500-18-1652
4. Sex F. 3
5. Color or race Col.
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 June (Month) 30 (Day) 1897 (Year)

8. AGE: Years 63 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Not known 9
(City, town, or county) (State or foreign country)
10. Usual occupation House maid
11. Industry or business
FATHER 12. Name Not known
13. Birthplace 9
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Not known
15. Birthplace 9
(City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director La Forge Mdt Co.
(b) Address Caruthersville Mo
19. (a) 12-14-1942 (Date received local registrar) (b) Jessie W. Mickey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13, year 1942 hour 5:30 minute P. 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 Malignant tumor throat & face.
Due to
Due to
Other conditions
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Jules V. Moore (M. D. or other) (Coroner)
Address Hayti Mo. Date signed 12/14/42

1206 (Licensed Embalmer's Statement on Reverse Side)

1-21-43

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 NOT EMBALMED., Registered Apprentice No. working under my personal supervision.

Signed J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Courthensville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4N 32

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 85-

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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: Claudia Whitley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: B

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: June (Month) 30 (Day) 1879 (Year)

8. AGE: Years 63 Months 5 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Unk. (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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Jessie N. Markley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 13 year 1943 hour minute 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 — Duration

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY