No. 7828

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

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

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: 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 Forty Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100 5

(c) City or town Sikeston 2 (If outside city or town limits, write "RURAL")

(d) Street No. North Handy St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Tavina Sizemore

3. (b) If veteran, name war

(c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 23 (Day) 1863 (Year)

8. AGE: Years 78 Months Days If less than one day hr. min.

9. Birthplace Gray County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bill Workman
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Parilee Deadman
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harry Sizemore

(b) Address Sikeston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Cemetery

18. (a) Signature of funeral director Orville Taylor

(b) Address Sikeston Mo

19. (a) 2/3/43 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 12 day 12 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to Jan 12 1943 that I last saw her alive on Jan 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to 109.1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations E J Nienstedt

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 E J Nienstedt (M. D. or other)

Address 2-2-43 Date signed 2-2-43

1318 (Licensed Embalmer's Statement on Reverse Side) Sikeston Mo

RECEIVED
District Health Office No. 2
District File Number 243-248
Date Filed 2-16-43

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.