

FILED MAY 10 1943 67
Registration District No. 28

Primary Registration District No. 5988

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Braxton

(c) Name of hospital or institution: Druggadacio

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot

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

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Lindsey

3. (b) If veteran, name war.....

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 27 1943, to April 27 1943

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased 3-27-1867 (Month) (Day) (Year)

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Sudden

Due to.....

Due to.....

8. AGE: Years 76 Months 1 Days..... If less than one day hr..... min.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

9. Birthplace Clanton Ark. 1 (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business Unemployed

12. Name William

13. Birthplace Ark. 1 (City, town, or county) (State or foreign country)

14. Maiden name Wakson

15. Birthplace Ark. 4 (City, town, or county) (State or foreign country)

16. (a) Informant Ray Starnigh

(b) Address Braxton City R#1

17. (a) Removal (b) Date thereof 4-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Ark.

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?.....

18. (a) Signature of funeral director.....

(b) Address Archerfield, Mo.

19. (a) May 2-1943 (b) Errol R. Richard (Date received local registrar) (Registrar's signature)

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

Signature Ashtine (M. D. or other).....

Address Wagon, Mo. Date signed 4/27/43

4-43-199

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.....

H. Smith

Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. Smith, M.D.

Licensed Embalmer No.....

3900

P. O. Address.....

Caruthersville

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.