

7. S. No. 2
FORM-2-43
Rev. 5-17-39
I. X-3557

State File No. _____

FILED JUN 10 1943 70

Primary Registration District No. 3050

Registrar's No. 38

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

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Caruthersville
 (c) Name of hospital or institution: Home - 201 Bushey Ave. 1
 (d) Length of stay: In hospital or institution few weeks
 In this community few weeks
 3. (a) PRINT FULL NAME Ellen Smith
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. _____
 4. Sex Female 3. Color or race Col
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Red Smith
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased _____
 8. AGE: Years 39 Months 1 Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Miss
 10. Usual occupation house work
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace _____
 14. Maiden name _____
 15. Birthplace _____
 16. (a) Informant Red Smith
 (b) Address Caruthersville Mo
 17. (a) Burial (b) Date thereof 5-28-43
 (c) Place: burial or cremation Morgan Run
 18. (a) Signature of funeral director J. P. D. Smith
 (b) Address Caruthersville Mo
 19. (a) 5-28-43 (b) Jessie N. Marky

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Polk
 (c) City or town Caruthersville Mo
 (d) Street No. "rural"
 (e) Citizen of foreign country? 0
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 26
 year 1943 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Apr. 30 - 1943 to May 26 - 1943
 that I last saw her alive on May 26 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
 Duration Several months

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____
 23. Signature J. P. D. Smith (M. D. or other) _____
 Address Caruthersville, Mo. Date signed 5-27-43

1206

5-43-215

[Handwritten notes and scribbles, including "141", "142", "143", "144", "145", "146", "147", "148", "149", "150", "151", "152", "153", "154", "155", "156", "157", "158", "159", "160", "161", "162", "163", "164", "165", "166", "167", "168", "169", "170", "171", "172", "173", "174", "175", "176", "177", "178", "179", "180", "181", "182", "183", "184", "185", "186", "187", "188", "189", "190", "191", "192", "193", "194", "195", "196", "197", "198", "199", "200"]

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.....

P. O. Address.....

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.