No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22099

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 41

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 years, months or days)
In this community General Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Caruthersville Mo 78
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country 0

3. (a) PRINT FULL NAME Annie Henry

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 3

5. Color or race Cal

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 72 | Months | Days | If less than one day hr. min.

9. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

10. Usual occupation Hazel work

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace " " 9 (City, town, or county) (State or foreign country)

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

16. (a) Informant Maggie Howard
(b) Address Caruthersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ County Farm

18. (a) Signature of funeral director none
(b) Address

19. (a) 7-1-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day June year 1943 hour 2-25 minute P. M.

21. I hereby certify that I attended the deceased from June 16th, 1943 to June 22, 1943; that I last saw her alive on June 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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 J B Luten M.D. (M. D. or other)

Address Caruthersville Mo Date signed 6-22-43

1206

(Licensed Embalmer's Statement on Reverse Side)

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.

-43-231

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 101

Registration District No. 270 Primary Registration District No. 305-0 Registrar's No. 41

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
In this community several years (Specify whether years, months or days)

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 Annie Henry
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 Wd
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased unk (Month) (Day) (Year)
8. AGE: Years abt 72 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (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) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S- 22099