

No. 2
2-43
17-39
X35697

Lafarge Caruthersville

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38144**

FILED DEC 6 1943

Primary Registration District No. **3019**

Registrar's No. **99**

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

1. PLACE OF DEATH:

(a) County **Dunklin** **107**

(b) City or town **Kennett**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Prasnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 days**
(Specify whether years, months or days)

In this community **43 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**

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

(d) Street No. **700 Laurant Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Ada Bufford**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20th**
year **1943** hour **11** minute **55 a.m.**

21. I hereby certify that I attended the deceased from **September 29**, 1943 to **October 20**, 1943
that I last saw her alive on **October 20th**, 1943,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **D. Bufford**

6. (c) Age of husband or wife if alive, **Deceased**

7. Birth date of deceased **Oct. 30, 1870**
(Month) (Day) (Year)

Immediate cause of death **Uremia** **2 days**

8. AGE:	Years	Months	Days	If less than one day
	72	11	20	hr. min.

Due to **nephritis** **30 days**

Due to **Senility**

9. Birthplace **Hardensburg Co. Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business **None**

Other conditions **to a fracture Left Humerus** **30 days**
(Include pregnancy within 3 months of the death)

12. Name **? Hayden**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Regina Kling**

(b) Address **703 Fleming St. Key West, Fla.**

17. (a) **Burial** (b) Date thereof **10-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo.**

18. (a) Signature of funeral director **Lafarge Mnd Co**

(b) Address **Caruthersville, Mo.**

19. (a) **11-9-43** (b) **Julius Blankenship**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**

(b) Date of occurrence **— 018**

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

23. Signature **J. H. Prasnell** (M. D. or other) **md**
Address **19 Kennett, Mo.** Date signed **10-20-43**

701

RECEIVED

District Health Office No. 2,

District File Number 1243-148

Date Filed 12-3-43

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 J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address Caruthersville, Mo.

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.

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(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
In this community years, months or days)

3. (a) PRINT FULL NAME Ada Bufford
3. (b) If veteran, name war. No. 3 (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. Year

7. Birth date of deceased Oct. 30
(Month) (Day) (Year)
8. AGE: Years 72 Months 11 Days 12 (If less than one day, min.)

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

10. Usual occupation
11. Industry or business

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) (Data received local registrar) (b) (Registrar's signature)

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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct year 1943 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from 10/20 1943;
that I last saw him alive on 10/20 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death uremia Duration

Due to nephritis 1860
Due to 16
Other conditions fracture of left femur
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) Accident
(b) Date of occurrence 9-29-43
(c) Where did injury occur? Carthage, Dunklin Co, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home, slipped on step
While at work? x (Specify type of place) (b) Means of injury slipped
23. Signature Reselle (M. D. or other) MD
Address Kennett, Mo. Date signed 12-10-43

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

SUPPLEMENTAL

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