

FILED JAN 7 1944

Registration District No. _____

Primary Registration District No. 3019

Registrar's No. 119

1. PLACE OF DEATH: Dunklin
 (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: 1
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mississippi (b) County 999 ?
 (c) City or town Stennis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. Robinsonville, Box 7 A.R.I.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME EARL PAYNE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 19
 year 1943 hour 5 minute 30 P M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____ to _____, 19____;

4. Sex M 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Not Known
 (Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: apparent Years 30 Months - Days - If less than one day _____ hr. _____ min.

Immediate cause of death Pain over By Frisco Train 7:10 P.M. 1943
 Due to Falling on R.R. tracks
 Due to acute alcoholism
 Verdict of coroner jury
 Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Common laborer

MOTHER FATHER
 11. Industry or business _____
 12. Name not known
 13. Birthplace not known (City, town, or county) _____ (State or foreign country) 9
 14. Maiden name not known
 15. Birthplace not known (City, town, or county) _____ (State or foreign country) 9

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: Of operations 169-6
 Of autopsy 30

16. (a) Informant None

(b) Address _____

17. (a) Dunklin Co. Farm (b) Date thereof 12/20/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dunklin Co. FARM

18. (a) Signature of funeral director Paul Salvo
 (b) Address Kennett, MO

19. (a) 12-24-43 (b) John 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) accident
 (b) Date of occurrence Dec 19-1943 11:35
 (c) Where did injury occur Dunklin MO (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Frisco. R.R. tracks
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature George Johnson (M. D. or other) 2
 Address Coverly Dunklin MO Date signed 12-22-43

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

2 1/2 5

901

RECEIVED

District Health Office No. 2,

District File Number 144-18

Date Filed 1-5-44

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.