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

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

AQUINO MARKEY

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43242

Registration District No. 270 | Primary Registration District No. 5909 | Registrar's No. 94

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: ~~Caruthersville~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None / Little Prairie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: Fifty Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Citezen of U.S.A.

3. (a) PRINT FULL NAME: Liston J. Hazel, Sr.

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lillian Estelle Hazel

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: September (Month) 12, (Day) 1883 (Year)

8. AGE: Years 60 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace: Union County, (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: same as above

FATHER
12. Name: James R. Hazel
13. Birthplace: Union County, (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Leatha Moore
15. Birthplace: Crittenden County, Ky. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lillian Turner
(b) Address: Caruthersville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Caruthersville, Mo.

18. (a) Signature of funeral director: J. L. La Forge
(b) Address: Caruthersville, Mo.

19. (a) 12-12-1943 (Date received local registrar) (b) Jessie M. Marsley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 8
year: 1943 hour: 8 minute: 30P. M.

21. I hereby certify that I attended the deceased from 12-8- 1943 to 12-8- 1943
that I last saw him alive on 12-8- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: ANGINA PECTORIS — Duration: 30MIN.
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: J. L. Aquino, M. D. (M. D. or other)
Address: CARUTHERSVILLE, MO. Date signed: 12-14-43

1206 (Licensed Embalmer's Statement on Reverse Side)

43

12-43-346

NOV 19 1957

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.

No. 2B
—5-43
I K36930

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. Jan.

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville Little Prairie Twp
(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 years, months or days)
In this community 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Liston J. Hazel Sr.
3. (b) If veteran, name war —
(c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Sept. (Month) 12. (Day) 1883 (Year)
8. AGE: Years 60 Months 2 Days ____ If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) Ky (State or foreign country)
10. Usual occupation ____
11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
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) 1-20 1944 (Date received local registrar) (b) Jessie N. Marley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. Day ____ 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

WHITE PLAINTY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

No 2B
—1-43
1 X36950

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No..... Primary Registration District No..... Registrar's No.....

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
(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)

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 S 43243

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

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

8. AGE: Years | 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.....

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

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

16. (a) Informant.....
(b) Address.....

17. (a) ..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

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

19. (a) ..... (b) .....
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month.....day.....
year.....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.

	Duration
Immediate cause of death.....	
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.....