

8. No. 2
M-2-43
5-17-39
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20727
CRIN
3859
State File No. _____
Registrar's No. 10

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1944
Registration District No. 2740

Primary Registration District No. 3050

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

1. PLACE OF DEATH:
(a) County PEMISCOT
(b) City or town CARTHERSVILLE, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(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 Missouri (b) County Pemiscot
(c) City or town Carthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 304 East 14th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY L. JAMES
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race COL
6. (a) Single, widowed, married, divorced SINGLE
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 66 Months ✓ Days ✓
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER
12. Name UNKNOWN ✓
13. Birthplace UNKNOWN ✓
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN ✓
15. Birthplace UNKNOWN ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Lee
(b) Address Carthersville

17. (a) Burial (b) Date thereof 1-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director Robert R. Brant
(b) Address Carthersville, Mo.
19. (a) 1-34-44 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1944 hour 11 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 8
1944 to Jan 8 1944
that I last saw him alive on Jan 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Due to no diagnosis made
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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) _____
Means of injury _____

23. Signature J. B. Patten (M. D. or other) _____
Address Carthersville, Mo. Date 1-16-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

1-44-14

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 Alfred R. Brewster

Licensed Embalmer No.....

P. O. Address Southavenville, Md

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.