

S. No. 2
M-5-42
5-17-39
X32872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11677

State File No.

FILED APR 19 1944

Registration District No.

Primary Registration District No. 4397 5907

Registrar's No.

1. PLACE OF DEATH: *Pemiscot*

(a) County *Pemiscot*

(b) City or town *Cooter Rural*
(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 *21 days*
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town *Cooter Rural*
(If outside city or town limits, write "RURAL")

(d) Street No. *0*
(If rural, give location)

(e) Citizen of foreign country? *1* (Yes or No)
If yes, name country: *1*

3. (a) PRINT FULL NAME *Willis Jean Ezell*

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *march* day *9th*
year *1944* hour *10:00* minute *A* 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.

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

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

6. (b) Name of husband or wife *none*

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

7. Birth date of deceased *February 17, 1944*
(Month) (Day) (Year)

Immediate cause of death *Whooping cough,*

Due to *no medical attention*

Due to _____

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

8. AGE: Years Months Days If less than one day

0 0 21 hr. min.

9. Birthplace *Cooter, Missouri*
(City, town, or county) (State or foreign country)

Major findings: Of operations *9*

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation *Infant*

11. Industry or business *Infant*

MOTHER FATHER { 12. Name *Thornell L. Ezell*

{ 13. Birthplace *Porter, Missouri*
(City, town, or county) (State or foreign country)

{ 14. Maiden name *Jessie Arnold*

{ 15. Birthplace *Cooter, Missouri*
(City, town, or county) (State or foreign country)

16. (a) Informant *Jessie L. Ezell*

(b) Address *Cooter, Missouri*

17. (a) *Burial* (b) Date thereof *3-10-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Mt Zion Cemetery, Cooter, Mo*

18. (a) Signature of funeral director *Curran W. Coe*

(b) Address *Stell, Missouri Box 121*

19. (a) *4-4-44* (b) *C. C. Simbaugh*
(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 _____

(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 *Jesse L. Moore Coroner*
Haye Mo (M. D. or other) Date signed *4/1/44*

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

1207

3-44-43

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.

[Handwritten Signature]

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.