

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15385

FILED MAY 10 1944

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
501 Eastwood Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community Twenty nine years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PEMISCOT <sup>78</sup>

(c) City or town CARTHURSVILLE, MO.  
(If outside city or town limits, write "RURAL")

(d) Street No. 501 EASTWOOD, AVE.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Dispennett

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1944 hour 2:00 minute 2 M.

21. I hereby certify that I attended the deceased from March 28 1944 to March 30 1944  
and that I last saw her alive on March 29 1944  
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race white 6. (a) Single, widowed, married. 2 divorced widow

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

7. Birth date of deceased February 19th 1865  
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage 2 days Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 8/30

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Great Springs Dec 1  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Kent

13. Birthplace Do not know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fuller

15. Birthplace Do not know 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Cora Medlin

(b) Address 405 E 5th St Caruthersville Mo.

17. (a) Burial (b) Date thereof 4-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville Mo.

19. (a) 4-8-1944 (b) Jessie W. Markey  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Shipp (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed 7/6/44

4-44-97

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

*Walter C. Hawkins*

Licensed Embalmer No.

*2002*

P. O. Address

*Hennett 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.**