

FILED MAY 10 1944
Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 41

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(c) Name of hospital or institution:
None
(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 20 Years years, months or days)

3. (a) PRINT FULL NAME William Stine

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 Minnie Stine 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 2, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 7 If less than one day
hr. min.

9. Birthplace Point Pleasant, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

12. Name Joe Stine

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

14. Maiden name Laura (Unknown)

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

16. (a) Informant Minnie Stine

(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. Ferguson

(b) Address Caruthersville, Mo.

19. (a) 4-16-1944 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

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. 501 East 7th Street (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country Citizen of U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15, year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 31, 1943 to April 15, 1944 that I last saw him alive on April 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

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? _____

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

23. Signature Jessie N. Markey (M. D. or other)

Address Caruthersville Date signed 4/22/44

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

MOTHER FATHER

4-44-92

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hastings, 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.