

FILED MAY 10 1944  
Registration District No. *278*

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

Primary Registration District No. *3050*

Registrar's No. *37*

1. PLACE OF DEATH:  
(a) County *Pemiscot*  
(b) City or town *Caruthersville*  
(If outside city or town limits, write "RURAL" and name of township)  
(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*  
In this community *All life*  
years, months or days (Specify whether)

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. *906 West 10th St.*  
(If rural, give location)  
(e) Citizen of foreign country? *NO* (Yes or No)  
If yes, name country *Citizen of U.S.A.*

3. (a) PRINT FULL NAME *Minnie Pearl Vied*  
3. (b) If veteran, name war *None*  
3. (c) Social Security No. *None*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month *April* day *4*,  
year *1944* hour *8* minute *45 P.M.*

4. Sex *Female* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Married*  
6. (b) Name of husband or wife *Prestone S. Vied* 6. (c) Age of husband or wife if alive *50* years  
7. Birth date of deceased *October 28, 1904*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Mar. 27 - 1944*, to *Apr. 4 - 1944*,  
that I last saw her alive on *Apr. 2 - 1944*,  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<i>39</i>	<i>4</i>	<i>7</i>	.....hr. ....min.

Immediate cause of death *Pulmonary Tuberculosis* Duration *5 yrs.*

9. Birthplace *Caruthersville, Mo.*  
(City, town, or county) (State or foreign country)

Due to.....  
Due to.....

10. Usual occupation *Housewife*

Other conditions (include pregnancy within 3 months of death) *12 ft*

11. Industry or business *None*

Major findings: Of operations.....

12. Name *John Stewart*

Of autopsy.....

13. Birthplace *Middle, Tennessee*  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

14. Maiden name *Molly Sterling*

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(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.....

15. Birthplace *Middle Tennessee*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Preston Vied*  
(b) Address *Caruthersville, Mo.*

17. (a) *Burial* (b) Date thereof *4-7-44*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation *Caruthersville, Mo.*

18. (a) Signature of funeral director *de Forge Und. Co*  
(b) Address *Caruthersville, Mo.*

19. (a) *4-5-1944* (b) *Jessie N. Markley*  
(Date received local registrar) (Registrar's signature)

23. Signature *J. R. Linton* (M. D. or other)  
Address *Caruthersville, Mo.* Date signed *4-7-44*

MOTHER FATHER

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

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

1200

4-44-96

**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.....

*Hayti 9mo*

**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.**