

FILED MAY 26 1944

Registration District No. **103**

Primary Registration District No. **5419**

Registrar's No. _____

1. PLACE OF DEATH: **DUNKIN Co -**

(a) County **HONERSVILLE**

(b) City or town **HONERSVILLE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **RURAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **3 years -** (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **35**

(c) City or town **HONERSVILLE**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **NO-RURAL**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **MALLIE BOSTON**

3. (b) If veteran, name war **NO. -**

3. (c) Social Security No. **710 -**

4. Sex **FEMALE** 5. Color or race **COL**

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

6. (b) Name of husband or wife **MAKO PAPP**

6. (c) Age of husband or wife if **Dead** years

7. Birth date of deceased **Don't know** 1880
(Month) (Day) (Year)

8. AGE: **44 - 44 -**
Years Months Days If less than one day
hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **" " "**

12. Name **Don't know**

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

14. Maiden name **ANNIE PAPP** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Burnice Papp**

(b) Address **HONERSVILLE MO**

17. (a) **Rural** (b) Date thereof **April 2 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation **Flickman Burial**

18. (a) Signature of funeral director **Yasuda & Cobb**

(b) Address **Bethesda Wash**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **31**
year **1944** hour **2:45** minute **45** M.

21. I hereby certify that I attended the decedent from **5.9.44** to **3.31.44**
that I last saw **5.9.44** alive on **3.31.44** and that death occurred on the date and hour stated above.

Immediate cause of death **Nitral Insufficiency**

Due to _____

Due to _____

Other conditions **92F**
(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)

Did injury occur in or about home, on farm, in industrial plant, in public place? _____

While at work _____ (Specify type of place)

(e) Manner of injury _____

23. Signature **Geo. W. Brown** M. D.
Address **Bethesda Wash** Date **5.18.44**

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10201

JUN

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 *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed

W. F. Cobb

Licensed Embalmer No.

409-

P. O. Address

421 - 1st St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 103

Primary Registration District No. FTJ-5417

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Prual Hornersville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Clay Supp
 (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)

3. (a) PRINT FULL NAME Matthe Boston

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation Jeun

11. Industry or business _____

12. Name Soant Knou

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

14. Maiden name anne Parr

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

16. (a) Informant Burnie Parr

(b) Address Hornersville, Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 4-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation ash

18. (a) Signature of funeral director Lesley J. Cobb

(b) Address Blytheville, Ark

19. (a) 5-29-44 (Date received local registrar) (b) Sudder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
 (c) City or town Prual (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day _____ year 47 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: mitral insufficiency

Due to _____
 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? _____

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

23. Signature Yes. M. Brown (M. D. or other) MO
 Address Blytheville, Ark

Duration _____
 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY!

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

MOTHER FATHER

17924