

S. No. 2
M-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18827

State File No.

FILED JUN 3 1944
Registration District No. 2184A

Primary Registration District No. 59093050

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville Little Prairie
(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 one (Specify whether)

In this community 4 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Little Prairie Swp
(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 Jasper Yarn

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 425-07-5670

20. DATE OF DEATH: Month May, day 10, year 1944 hour 7 minute 15 P.M.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July 7, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 to May 10, 1944

that I last saw h alive on May 10 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>3</u>	hr. min.

Immediate cause of death

Coronary thrombosis

Due to.....

Due to.....

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

10. Usual occupation Farm Laborer

11. Industry or business None

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

Major findings:

Of operations..... 94

Of autopsy.....

MOTHER FATHER {

12. Name John Yarn

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

14. Maiden name Minniver Davis
(City, town, or county) (State or foreign country)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Hattie B. Yarn

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 5-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address Caruthersville, Missouri

19. (a) 5-11-1944 (b) Jessie M. Markay
(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) (c) Means of Injury

23. Signature J. B. Britton (M. D. 1944)
Address Caruthersville Date signed 5-11-44

5-44-126

JUL 31 1944

MIN 9 1944

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 *James Kelley*
.....
Licensed Embalmer No. *3788*
P. O. Address *Hayti 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.