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19048

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1212

1. PLACE OF DEATH:

(a) County St. Louis Co.
(b) City or town So. Kinlock mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 2-4 Lehoque St. !
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town South Kinlock Park
(If outside city or town limits, write "RURAL")
(d) Street No. 2-4 Lehoque St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Patsy Carter

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

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased December 25 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Henry Station Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Calvin Johnson

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

14. Maiden name Unknown

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

16. (a) Informant W. B. Bessell & Milton

(b) Address So. Kinlock

17. (a) Removal (b) Date thereof 6-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry, Tenn.

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 3615 Easton

19. (a) JUN 2 - 1944 (b) E. D. Mc Gavran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from May - 18, 1944 to May - 26, 1944
that I last saw her alive on May - 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to _____
Due to Arterio Sclerosis 2 yrs

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) Accident, suicide, or homicide (specify) no
(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. B. Rainey (M. D. or other) M.D.
Address South Kinlock Park Date signed 5/31/44

707

(Licensed Embalmer's Statement on Reverse Side)

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

6
0
0

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 P. C. Hanston

Licensed Embalmer No. 2266

P. O. Address.....

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.