

Registration District No. **270**

Primary Registration District No. **3050**

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) **1**
(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)
In this community **13 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 78**
(c) City or town **Caruthersville**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **201 W. 14th Street,**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Minnie Lee Kirk**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **Single** years
7. Birth date of deceased **April 14, 1880**
(Month) (Day) (Year)

8. AGE: Years **64** Months **1** Days **14** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Colombus Holbs**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Carolina Burkett**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lee Patterson**
(b) Address **Hayti, Mo.**

17. (a) **Burial** (b) Date thereof **5-30-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. K. Laugel**

(b) Address **Caruthersville, Mo.**

19. (a) **6-7-44** (b) **Jessie N. Markes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**, year **1944** hour **10.** minute **00** A. M.

21. I hereby certify that I attended the deceased from **2 years** 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Diabetic**

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **61** Of autopsy **61**

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

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 **J. B. Lutten** (M. D. or other) Address **Caruthersville** Date **6-6-44**

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

8
2

MOTHER FATHER

1206

6-44-142

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 Joan Kelley

Licensed Embalmer No. 3788

P. O. Address Hayth. 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.