

FILED JUL 10 1944

State File No.

Registration District No. 210

Primary Registration District No. 5909

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Peirisot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Peirisot
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruth Ann Oxford

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

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced U
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 21 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 21 _____ hr. _____ min.

9. Birthplace R. 1 Peirisot Mo. Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name John Oxford
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Blanch Belle
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant John Oxford

(b) Address R. 1 Caruthersville Mo.

17. (a) Burial (b) Date thereof 6-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Mo.

18. (a) Signature of funeral director H.S. Smith Funeral Home
(b) Address Caruthersville Mo.

19. (a) 6-13-1944 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Peirisot
(c) City or town Caruthersville Mo.
(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 June day 12
year 1944 hour 6 obd. minute 1 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Mar. 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy - trauma

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

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:

(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. P. Union (M. D. or other) _____

Address Caruthersville, Mo. Date signed 6-13-44

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

1206

6-44-143

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.....

Licensed Embalmer No.....

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.