

S. No. 2
FORM-2-43
Rev. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28469
Registrar's No. 82

FILED SEP 10 1944
Registration District No. 270

Primary Registration District No. 5909

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

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Rural Caruthersville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 Little Chances Sup
 (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 Pemiscot
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 1 Caruthersville, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Allie May Mayo
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day 28
 year 1944 hour 12 minute _____ P.M.
 21. I hereby certify that I attended the deceased from Jan 24
 _____ to Jan 28 1944
 that I last saw him alive on Jan 14 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Murrell H. Mayo 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: April 28 1890
 (Month) (Day) (Year)

Immediate cause of death _____
 Due to Carcinoma of uterus
 Due to _____

8. AGE: Years 54 Months 2 Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Decatur County Tennessee
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name John Duncan
 13. Birthplace Decatur Co Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Margrete Pearson
 15. Birthplace Decatur Co Tennessee
 (City, town, or county) (State or foreign country)
 16. (a) Informant Murrell H. Mayo (Husband)
 (b) Address Rt. 1 Caruthersville, Mo.
 17. (a) BURIAL (b) Date thereof 6 29 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville, Mo.
 18. (a) Signature of funeral director H. J. Smith
 (b) Address Box 216 Caruthersville, Mo.
 19. (a) 8-24-1944 (b) Jessie N. Marney
 (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) (e) Means of injury _____
 23. Signature J. M. Lutens (M. D. or other) _____
 Address Caruthersville, Mo.

8-44-209

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.