

FILED SEP 10 1944

Registration District No. 270

Primary Registration District No. 3056

Registrar's No. 88

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

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)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Lucinda Ann Stiles

3. (b) If veteran, name war No

3. (c) Social Security No. NO.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William H. Stiles

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased March 6, 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>5</u>	<u>2</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Jonathan Brush

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

14. Maiden name Rebecky Ann Adams

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

16. (a) Informant Mrs. George Mennell, Jr.

(b) Address Box 421, Hayti, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8-9-44  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 8-16-1944 (Date received local registrar)

(b) Jessie N. Markey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 306 W. 8th Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country Citizen of U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8, year 1944 hour 2 minute 00P.M.

21. I hereby certify that I attended the deceased from Aug. 12, 1944 to Aug. 8, 1944  
that I last saw him alive on Aug. 8, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease

Due to.....

Due to.....

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.

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) (M. D. or other)

23. Signature W. Phipps (M. D. or other)

Address Caruthersville, Mo. Date signed 8/16/44

8-44-204

8070

**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.**