

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 X 38671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34157

FILED OCT 17 1944

State File No. _____

Registration District No. 103

Primary Registration District No. 4177

Registrar's No. 10

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Clarkton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Clarkton
(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 _____

3. (a) PRINT FULL NAME Dorothy Jean Napier
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 14
 year 1944 hour _____ minute 4:30 A.M.
 21. I hereby certify that I attended the deceased from 9:00 P.M.
Sept 13 1944, to Sept 14 1944.
 that I last saw her alive on Sept. 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 child
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Atherosclerosis with heart failure
 Due to Dysentery and whooping cough
 Due to _____

7. Birth date of deceased December 20 1913
(Month) (Day) (Year)

Other conditions Transition
(Include pregnancy within 3 months of death)
sense childhood
 Major findings:
 Of operations _____
 Of autopsy 27c

8. AGE: Years _____ Months 8 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Clarkton Missouri
(City, town, or county) (State or foreign country)

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 John Human (M. D. or other) _____
 Address Clarkton, Mo Date signed 9-14-44

10. Usual occupation _____
 11. Industry or business _____
 12. Name George Napier
 13. Birthplace Winn.
(City, town, or county) (State or foreign country)
 14. Maiden name Blodys Powell
 15. Birthplace Arkansas
(City, town, or county) (State or foreign country)
 16. (a) Informant George Napier
 (b) Address Clarkton, Missouri
 17. (a) Burial (b) Date thereof 9-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stanfield Cem.
 18. (a) Signature of funeral director Friends
 (b) Address Clarkton
 19. (a) Sept 14, 1944 (b) L. Bonne Dunn
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

35005
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

1247

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number

Date Filed

1044-132

10-11-44

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.