

S. No. 2  
DOM-2-43  
ev. 5-17-39  
P-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 11 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38511  
State File No.

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location) 1  
(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.....  
(If outside city or town limits, write "RURAL")  
(d) Street No. 403 East 15th Street  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Laura Valley

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced, Widowed  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased January 9th 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 10 9 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Jacob Nathan  
13. Birthplace Unknown La.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Eutler  
15. Birthplace Unknown La.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sussie Pratt  
(b) Address Memphis, Tennessee

17. (a) Buried (b) Date thereof 11-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (e) Signature of funeral director J. D. Smith

(b) Address Caruthersville, Missouri

19. (a) 11-19-44 (b) Jessie N. Markey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th  
year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from  
Nov. 14, 1944, to Nov. 18 - 1944  
that I last saw her alive on Nov. 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Due to Influenza

Due to 33  
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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)  
(Specify type of means of injury)  
23. Signature J. P. Union (M. D. or other)  
Address Caruthersville, Mo. Date signed 11-18-44

Duration

2 days

6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78  
1  
2

1200

11-4-257

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 Walter A Hawkins

Licensed Embalmer No 2002

P. O. Address Kennett 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.