

FILED JAN 12 1945

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 1321

1. PLACE OF DEATH: Pemiscot
 (a) County Pemiscot
 (b) City or town Caruthersville Mo.
 (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)
Rout #1 Little Prairie Supp
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community All Life years, months or days

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. Rout #1 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wanda Earldene Lee
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 17
 year 44 hour 10 minute 30 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if

21. I hereby certify that I attended the deceased from Dec. 13 - 1944 to Dec. 17 1944
 that I last saw her alive on Dec. 16 - 1944
 and that death occurred on the date and hour stated above.

7. Birth date of deceased October 26 44
 (Month) (Day) (Year)

Immediate cause of death Internal Neonatorum Duration 6 wks.

8. AGE: Years _____ Months 1 Days 21 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Caruthersville Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Clarence Lee
 13. Birthplace Holland Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Ma. J. Boaker
 15. Birthplace Earlev Tenn. (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Clarence Lee

22. If death was due to external causes, fill in the following:

(b) Address Caruthersville Mo. Rout #1

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 12-18-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Caruthersville Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director J. R. P. [Signature]

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Caruthersville Mo.

While at work? _____ (Specify type of place) (c) Means of injury 2

19. (a) 12-18-44 (b) Jessie N. Markey
 (Date received local registrar) (Registrar's signature)

23. Signature J. R. P. [Signature] (M. D. or other)
 Address Caruthersville, Mo. Date signed 12-18-44

1206

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

12-44-280

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.....

working under my personal supervision.

Registered Apprentice No.....

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.