

3-43
5-17-39
X37823

FILED JAN 12 1945
Registration District No. 277

Primary Registration District No. 5971-4461 | Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Pascola
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Presnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days) 3 Months

3. (a) PRINT FULL NAME PETE ROUNDTREE
(b) If veteran, name war NO
(c) Social Security No.

4. Sex MALE 5. Color or race COL. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATE N. ROUNDTREE 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Dec, 25 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Halls Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Cotton Farming

MOTHER FATHER { 12. Name Sol. Roundtree
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Kate Roundtree
(b) Address Pascola Mo.

17. (a) Removal (b) Date thereof 12/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Halls Tenn.

18. (a) Signature of funeral director Valhalla Funeral Home.
(b) Address Hayti Mo.

19. (a) 12-29-44 (b) Mrs P.R. Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Pascola
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 10
year 1944 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Gunshot wound in chest

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 166
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 12/9/44
(c) Where did injury occur? Pascola Pemiscot Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home on farm
(Specify type of place)
While at work? (c) Means of injury 3
23. Signature Jack H. Kelley Coroner
(M.D. or other) 3
Address Hayti Mo. Date signed 12/10/44

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

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

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12-44-272

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.

Not

Embalmed

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.