

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41803

State File No.

Registrar's No.

70

FILED JAN 12 1945

Registration District No.

Primary Registration District No.

5902

1. PLACE OF DEATH:

- (a) County Hayti - TWP.
(b) City or town Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- 1
- (Specify whether

In this community 4 yrs
years, months or days)3. (a) PRINT
FULL NAMESusie Sims

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

7. Birth date of deceased
- 3
- 16
- 1903
-
- (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

41911

hr.

min.

9. Birthplace

OsceolaArk.

(City, town, or county)

(State or foreign country)

10. Usual occupation

housekeeping

11. Industry or business

house

12. Name

Henry Calaby

13. Birthplace

OsceolaArk.

(City, town, or county)

(State or foreign country)

14. Maiden name

Marion Payne

15. Birthplace

MortonAla.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Marion McIntire

(b) Address

Marion, Ark.

17. (a) Removal

Removal

(b) Date thereof

12. 45

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Marion, Ark.

18. (a) Signature of funeral director

Hayti

(b) Address

Hayti

19. (a) 1-1-6-1945

34 Johnson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- 72

- (c) City or town
- Rural

- (d) Street No.
- Hayti - TWP
- (If outside city or town limits, write "RURAL")

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Dec.
- day
- 27

year 1944 hour 2 minute 4 P. M.

21. I hereby certify that I attended the deceased from
- 12/20
- to
- Dec 27
- , 19
- 44

- that I last saw her alive on
- 12/26
- , 19
- 44

- and that death occurred on the date and hour stated above.

- Immediate cause of death
- Malaria
- 10 days

- Due to

- Due to

- Other conditions
- no

- (Include pregnancy within 3 months of death)

- Major findings:

- Of operations
- 28d

- 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)

- (c) Means of injury

23. Signature
- L. D. Denton
- (M. D. or other)

- Address
- Hayti
- Date signed
- 1-1-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

12-44-293

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.