

FILED JAN 12 1945

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 131

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

1. PLACE OF DEATH:

(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)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville, Mo. 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME

Dorothy Sue Weed

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased October 10 1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 15 If less than one day
hr. min.

9. Birthplace B lytheville Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Edward George Heed

13. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachael May Weed

15. Birthplace Blytheville Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Edward George Weed

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 12-27-1944 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1944 hour 6 minute AM.

21. I hereby certify that I attended the deceased from Oct. 10, 19 44 to Nov. 26, 19 44
that I last saw her alive on Nov. 23, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus

Due to Premature birth.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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) (P) Means of injury 0

23. Signature J. W. Phipps (M. D. or other)

Address Caruthersville, Mo. Date signed 11/28/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-44-282

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.