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ev. 5-17-39
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Per Lester 2996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945
Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 128

Primary Registration District No. 3056

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(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 30 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 79
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No. Gen. Del. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LILLIE BONNER
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st
year 1945 hour 5 minute 20 M.
21. I hereby certify that I attended the deceased from Jan 1st 1945 to Jan 1st 1945
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tom Bonner 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. 3 1897
(Month) (Day) (Year)

Immediate cause of death _____
Atherosclerosis
Due to _____
Due to Stroke from History given
Other conditions _____ (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
47 1 28 hr. min.

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

9. Birthplace Memphis, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

MOTHER FATHER
12. Name George Green
13. Birthplace Tenn. (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 Tom Bonner
(b) Address Caruthersville, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director H. J. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 1-7-45 (Date received local registrar) (b) Jessie N. Marky (Registrar's signature)

While at work? _____ (Specify type of place) (c) Manner of injury _____
23. Signature J. B. Miller (M. D. or other) 45
Address Caruthersville Mo Date signed 1/2/45

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

12-44-275

100
N 5/7

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.....

E. E. White

Licensed Embalmer No. 4168

P. O. Address Harrodsburg, 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.