S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3015

Registration District No. 270 | Primary Registration District No. 3050 | Registrar's No. 4

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: 310 West Sixth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Since Birth 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 310 West Sixth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAY TOMLIN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
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 years
7. Birth date of deceased Jan. (Month) 1 (Day) 1945 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 5 min.
9. Birthplace Caruthersville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Osby Tomlin
13. Birthplace Perryville, (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Virgie Moody
15. Birthplace Caruthersville, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Osby Tomlin
(b) Address 310 West 6th. Caruthersville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 1-1-45 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1945 hour 4 minute 26 A.M.
21. I hereby certify that I attended the deceased from Jan. 1 — 1945, to Jan. 1 — 1945; that I last saw him alive on Jan. 1 — 1945; and that death occurred on the date and hour stated above.

Immediate cause of death This child died about 5 minutes after being born. There was no apparent cause other than Dystocia. — Duration

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
Of operations
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) (e) Means of injury

23. Signature J. R. Linson (M. D. or other)
Address Caruthersville, Mo. Date signed 1-1-1945

1206 (Licensed Embalmer's Statement on Reverse Side)

1-45-13

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Caruthersville, 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.