

Registration District No. 270

Primary Registration District No. 2050

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. Stephens Addition 2
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JEFFRIE LYNN WILLIS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race Negro 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 Oct. 14 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>19</u>	hr. _____ min.

9. Birthplace Caruthersville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name Roosevelt Willis

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Nahelen Hill

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

16. (a) Informant Roosevelt Willis
(b) Address Caruthersville, Mo

17. (a) Burial (b) Date thereof 1/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. B. Smith Funeral Home
(b) Address Caruthersville, Mo

19. (a) 1-4-45 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1 - 1945 to Jan. 3 1945
that I last saw him alive on Jan. 3 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to Acute cold 4 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
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 0

23. Signature J. R. Division (M. D. or other) _____
Address Caruthersville, Mo. Date signed 1-3-45

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

18
1
2

1206

1-45-14

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 *H. S. Smith Funeral Home*

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.