

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10347
State File No.

Registration District No. 268 Primary Registration District No. 07-06-4396 Registrar's No.

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

1. PLACE OF DEATH:
(a) County PEMISCOT
(b) City or town WARDELL
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ABOUT 30 YEARS (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME JOE LOPEZ
(b) If veteran, name war No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 5
year 1945 hour 2:30 minute P M.

4. Sex MALE 5. Color or race MEXICAN
6. (a) Single, widowed, married, divorced SINGLES
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years ABOUT 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Accidental Drown
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: 183-3
Of operations _____
Of autopsy no 3/6

10. Usual occupation LABORER
11. Industry or business FARMING

MOTHER FATHER {
12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3-5-45

17. (a) BURIAL (b) Date thereof 3-6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WARDELL MO

(c) Where did injury occur? Marshall Rural Pemiscot Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road
While at work? no (Specify type of place) (e) Means of injury Drowned

18. (a) Signature of funeral director: H.S. SMITH FUNERAL HOME
(b) Address CARROLLERSVILLE, MO.
19. (a) 3-6-1945 (b) Joe Greasy
(Date received local registrar) (Registrar's signature)

23. Signature Joe A. Kelly (M.D. or other) Coroner
Address Highway 3 Date signed 3-5-45

3-45-58

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 *Lawrenceville, Ga*

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.